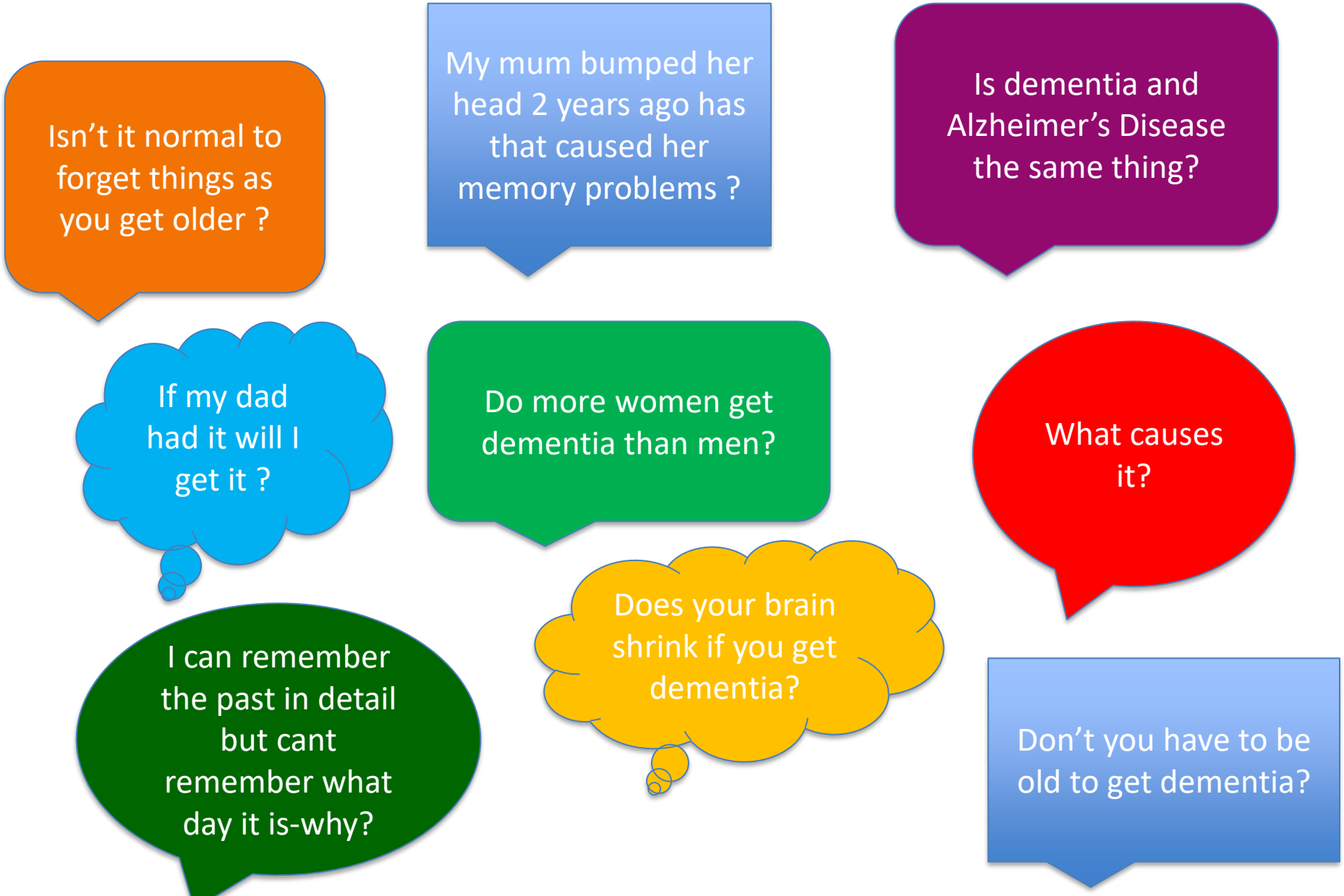
Dementia Information Event
St Mary's , Woolton 2025

Understanding Dementia


Isn’t it normal to forget things as you get older ?
My mum bumped her head 2 years ago has that caused her memory problems ?
Is dementia and Alzheimer’s Disease the same thing?
If my dad had it will I get it ?
Do more women get dementia than men?
What causes it?
Does your brain shrink if you get dementia?
I can remember the past in detail but cant remember what day it is-why?
Don’t you have to be old to get dementia?

What is it ?

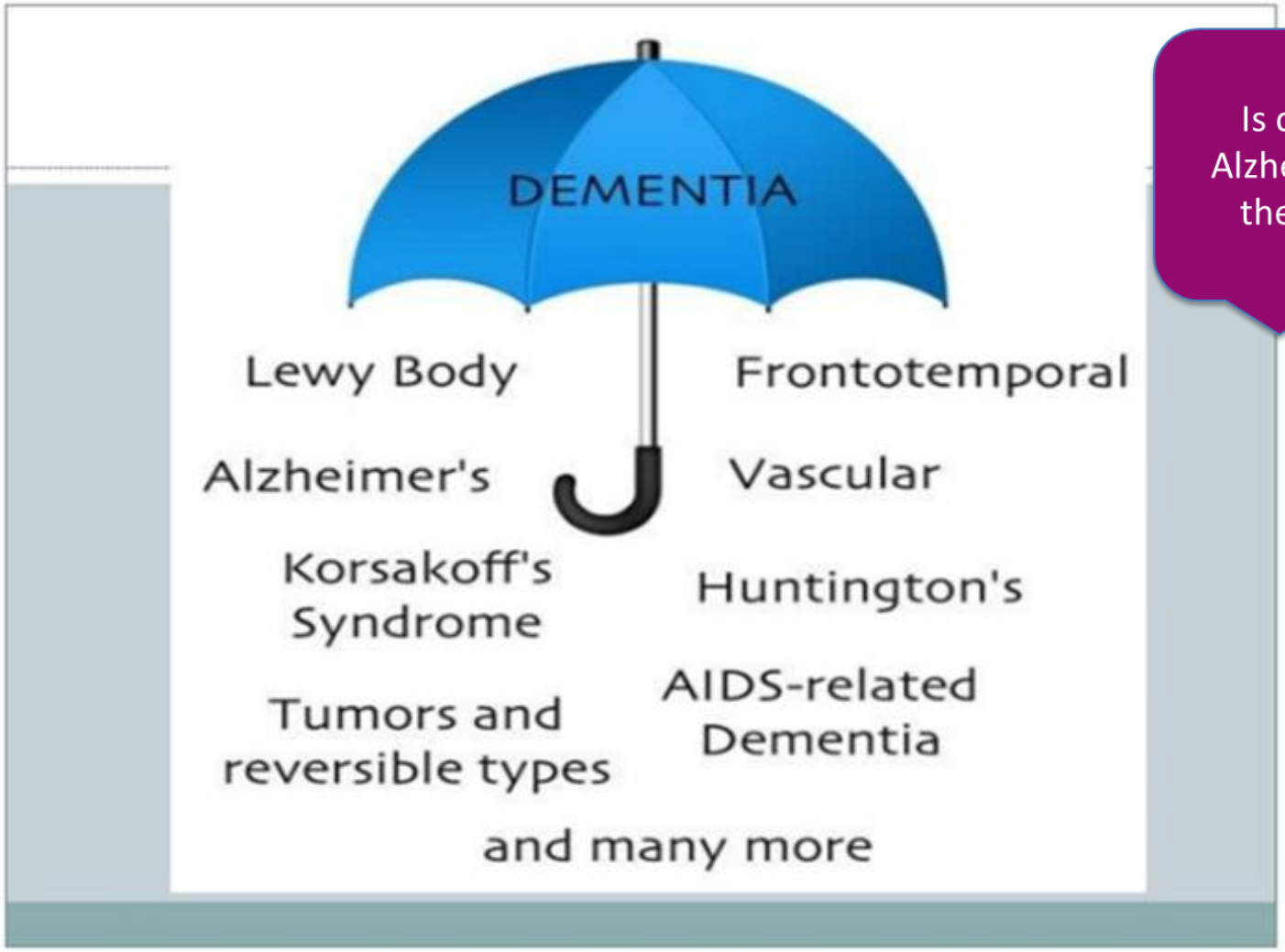
- It is the name given to a number of conditions which affect the structure and efficiency of our brains – so dementia is an umbrella term i.e. the name for a group of conditions- not a single disease.

Definition

- Dementia is a syndrome – usually of a persisting 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.
- It can sometimes be accompanied by changes in emotional control, social behaviour, or motivation.

- World Health Organisation

There are over 100 types of dementia



Is dementia and Alzheimer's Disease the same thing?

What is happening to the brain?

Each type of dementia involves a different process happening in the brain

Though the processes are different they have similar effects in terms of reducing the efficiency of the brain functions – this happens in degrees and is a gradually changing process

Different types of dementia create slightly different clinical picture in the person , ie there are certain patterns we see in different types of dementia

The problems a person is experiencing depend on which parts of the brain are affected

There is also some individual difference between people as we are all different – so not everyone diagnosed with the same type of dementia at the same point will present in the same way

Sometimes we assume dementia just affects someone's memory and that everyone behaves in the same way but that just isn't true

The Brain

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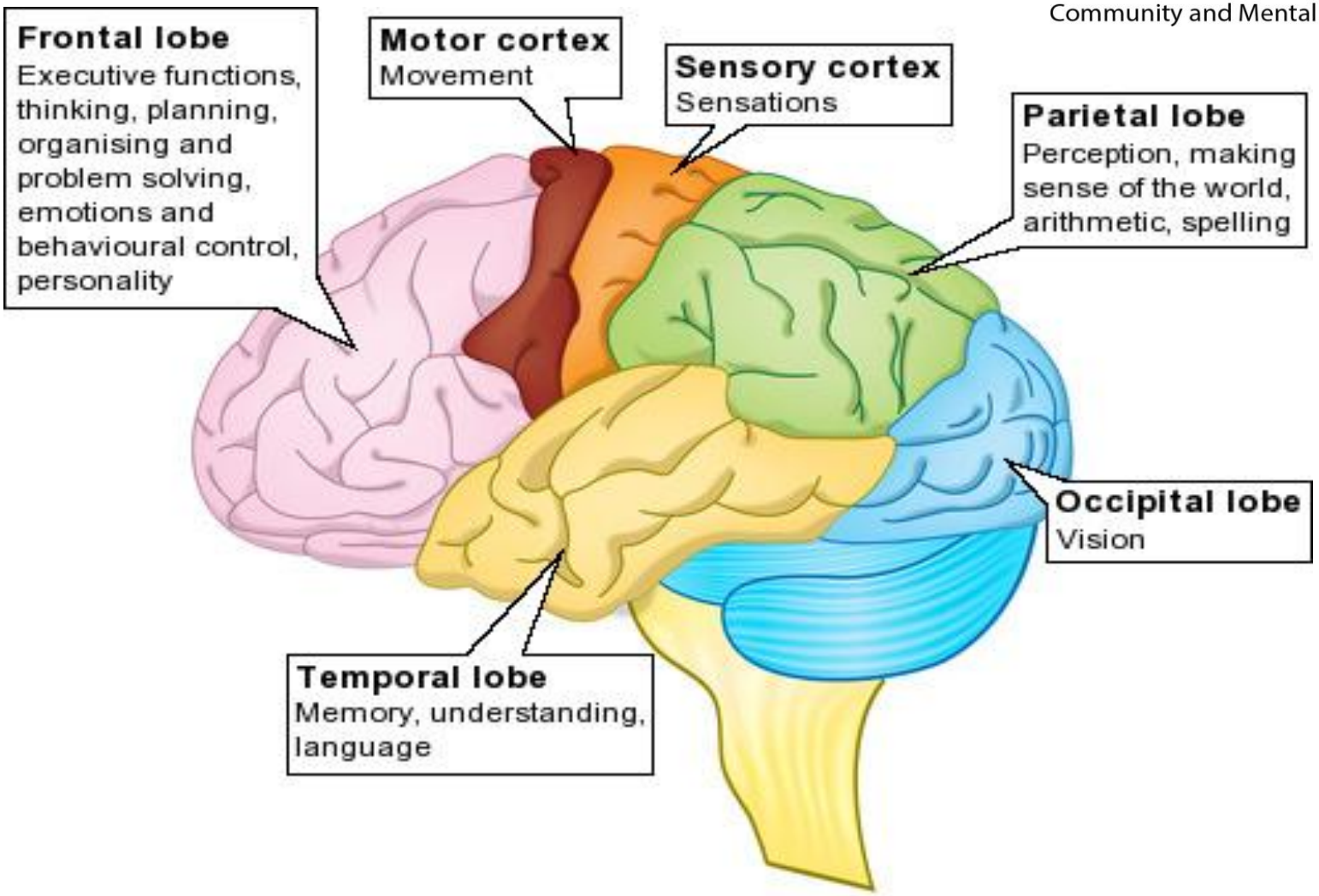

Incidence of dementia

Don't you have to be old to get dementia?

Do more women get dementia than men?

- There are currently about 850,000 people in the UK with a form of dementia (1.3 % of population)
- There are over 40,000 people under 65 with dementia in the UK
- 62 % of people with dementia are female and 38 % are male.
- Dementia is the leading cause of death in women in the UK deaths per year (partly because women live longer , other theories involve women having a better immune system and may have more amyloid plaques as a result)

- There are approximately 700,000 informal carers caring for their loved ones with dementia, The Department of Health estimate that 59 % of people with dementia in England have a formal diagnosis

- The idea that illnesses like Alzheimer's are a disease of rich developed nations is a myth: 62 % of people with dementia live in low and middle income countries and 58.3 % live in high income countries

How can dementia affect a person?

Dementia is the name given to a group of conditions that can affect the way the brain works and can cause difficulties with:

- the way we think and take in information
- memory -remembering times and dates, events
- concentration
- Perception- distance, depth
- orientation- knowing the day,date,time, location
- communication- the way we speak and understand what others are saying
- carrying out everyday activities
- mood changes- people may appear low in mood or frustrated as it is a challenging condition to live with

Everyone experiences dementia differently but these are some common challenges that people face. They can occur at different points for each person and not everyone will experience all of these changes.

It's not just about memory

How will these problems manifest?

- Memory – forgetting to take medication, forgetting appointments where you have put something
- Orientation –getting mixed up with day/date /time eg. ie if you don't know its Monday how do you know where you are up to ?
- Perception – not being able to pick objects against the same colour background , misjudging distances ,dropping things on the floor , struggling with steps ,stairs
- Communication- receptive – not being able to take in information and understand it , slowed information processing , expressive language problems
- Problem solving- I have run out of medication I don't know what to do
- Behaviour –frustration, indignation, anger, defensive reactions (it doesn't feel good to not be able to do things we have done all our lives and it doesn't feel good to be told or reminded what we are getting wrong)

  Its not surprising people get upset
- Activities of daily living – not keeping on top of household tasks, food getting out of date, bills remain unpaid, blister packs piling up , organising, planning affected

Dementia affects everyone differently

How does it feel?

- **How would you feel ..**
- It’s the condition people fear most
- People are often aware of losing skills and changes within themselves
- It is described as scary by people diagnosed
- Trying to make sense of the world without the context that memory gives can be challenging and frustrating
- People are used to be able to do things without thinking so find it upsetting not to be able to do those things
- People often don’t want to accept that it is happening to them because of what others may think of them so try to hide it
- People will experience a range of emotions

- If there is time …

Is it hereditary?

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- As dementia is so common, many of us will have a relative living with the condition - but this doesn't mean we will get it too.
- The majority of dementia is not inherited, however it does depends very much on the particular cause of dementia
- Our risk of dementia is made up of many complex factors, including our age, environment, lifestyle, health and whether we carry any risk genes.
- Some of us may have risk genes for diseases that cause dementia. While they might tip the balance towards dementia, they don't mean someone will definitely develop the condition because there are many other important factors
- Only in rare cases does a family carry a faulty gene that causes a disease like Alzheimer's to be passed down from parent to child.

My mum bumped her head 2 years ago has that caused her memory problems ?

Causes

Is it caused by aluminium?

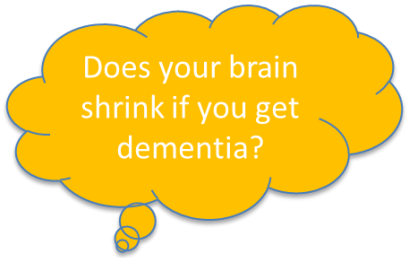
- Each type of dementia is caused by a different process in the brain – so different types of dementia are caused by different processes
- Although dementia occurs mainly in older age, it is not caused by old age and is not a natural part of the ageing process
- 60% of dementia cases are linked to risk factors including our age and genes, which sadly, we can't change.
- We have a good understanding of the processes involved in the different types of dementia but we still don't know why it happens in some people and not others
- It is likely to be a combination of factors
- Theories about toxins have been around for a long time – aluminium, lead etc but the evidence for these theories is not robust
- It is natural to try to explain the onset of dementia so sometimes we associate it with bumps on the head or falls but there is no evidence this is the case apart from Chronic traumatic encephalopathy (formerly dementia Pugilistica)when people receive repeated punches to the which does cause a dementia

Isn't it normal to forget things as you get older ?

Reducing risk of developing dementia

- Age is the biggest risk for dementia
- 60% of dementia cases are linked to risk factors including our age and genes but the remaining 40% are potentially modifiable
- Awareness of the potential to reduce dementia risk is relatively low. Only 34% of people think it's possible to reduce their risk
- Brain health starts with heart health (In your 40's and 50's)
- The opportunity for risk reduction is huge- the 2020 Lancet Commission on Dementia Prevention, found that 40% of worldwide cases could be down to risk factors that we may be able to influence

Alzheimer's Disease



- Gradually progressive condition It involves the slowing or failure of the brain to pass information via nervous impulses (electrical charge) from one part of the brain to another
- Our brain cells (neurones) need this electrical charge to function and survive
- It is caused by 3 processes in the brain:
- a) build up of amyloid plaques/clumps in the brain tissue (amyloid is a protein which we all have in our brains which starts misbehaving and clumping together
- b) formation of tangles of another protein called Tau in the nerve fibres (neurones)
- c) depletion of chemicals at the junctions between the nerve cells (neurones) which affect the transmission of nervous impulses from one area of the brain to another
- If the neurones don't get the electrical stimulation then some of them will be damaged and die (we start of with approx 80+ billion)
- It usually starts in the temporal lobe which is the area which is responsible for language comprehension and memory
- Typically people experience gradual onset of problems with short term memory

Vascular dementia

- Vascular dementia occurs when blood vessels in the brain are damaged reducing blood flow and oxygen to brain cells which affects how they work or their survival
- **Stroke-related dementia-** blood supply to a part of the brain is suddenly cut off causing problems with movement, coordination, speech or sight depending on the part of the brain affected.
- If someone has problems with memory and thinking after a stroke, they may be diagnosed with post-stroke dementia.
- If the problems develop after a number of strokes or mini-strokes (transient ischaemic attacks, or TIAs), it may be described as **Vascular dementia**.

- Mini strokes in the small blood vessels in the inner part of the brain is called **Subcortical dementia** or small vessel disease. The person may not notice these changes, but they can cause memory and thinking to worsen over time, unlike the sudden change that can happen after a stroke.

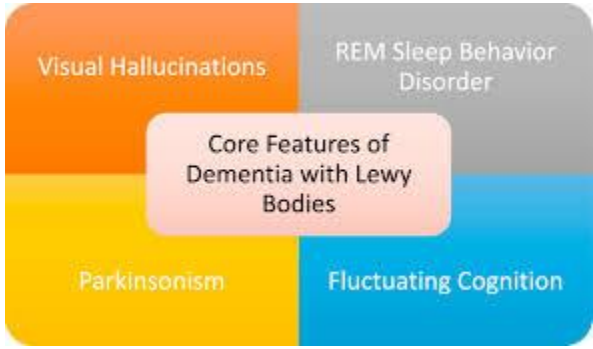
- It has a different pattern to other types of dementia- more sudden changes, fluctuating levels of confusion
- The problems someone experiences depends on the areas of the brain which are affected

Lewy body dementia

- Lewy body dementia is a condition which accounts for 10- 15% of all those with dementia. Abnormal deposits of a protein called alpha-synuclein in the brain build up in the basal ganglia in the brain and affect chemicals levels and transmission of nervous impulses which can lead to problems with thinking, movement, behaviour, and mood.

A person with Lewy body dementia might:

- have recurring visual hallucinations
- experience disturbed sleep–restlessness and intense dreams/nightmares
- experience sudden changes and fluctuations in alertness –staring ahead ,seem drowsy and lethargic and spend a lot of time sleeping
- have slowed movement, difficulty walking, shuffling or appear rigid (as in Parkinson's disease)
- experience tremors – usually in the hands whilst at rest
- have problems with balance and be prone to falls
- bladder and bowel problems
- difficulties with swallowing



Fronto-temporal dementia

- Progressive condition which affects the frontal and temporal lobes
- It can therefore affect behaviour and personality
- It consists of the following conditions:
  - Behavioural variant FTD (bvFTD)
  - Semantic dementia (the word semantic means the meaning of
  - language)
  - Progressive non-fluent aphasia - aphasia is a language disorder where people have problems speaking and writing
- Eating patterns can be affected, with people suddenly bingeing on food, especially sweet foods.
- This form of dementia can sometimes be confused with depression, stress, anxiety, psychosis or obsessive compulsive disorder.

Some common symptoms are:

- changes in behaviour and personality
- Apathy
- obsessive or repetitive behaviours
- loss of empathy

*difficulties making decisions

* difficulties with problem solving

* Problems concentrating

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Any questions ?

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Getting a diagnosis - why it matters, how you go about it and what happens next

Emma Stafford- Deputy CMHT Manager

Types of Dementia

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- Dementia is an umbrella term used to describe a number of conditions which affect an individual's cognitive functioning e.g. memory, communication, orientation and organisation.
- Most people have heard of Alzheimer's disease but there are other types of dementia as well.

Memory Loss and Age

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- Although memory and other functioning does change as we get older, dementia is different to the changes seen in ageing.
- The chances of developing dementia increase as we age but dementia is not an inevitable part of ageing.
- Dementia affects men and women in all social groups.
- People from all ethnic groups are affected by dementia.

Symptoms of Dementia

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- Different people experience dementia in different ways.
- Some common experiences may be:
  - Memory loss
  - Mood changes
  - Difficulty finding the right word
  - Disorientation to time or place
  - Problems with organising everyday life
  - Difficulty making judgements
  - Problems with perception

If you are experiencing any of these problems it is really important that you see your GP in order to get the correct help and treatment

Getting a diagnosis

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- Your GP will run a variety of tests to look at your physical health, mental health and memory to establish how best to help you
- If the main issue is around memory and other cognitive functions then your GP will refer you to the Memory Service for further assessment of your memory
- Timely diagnosis enables access to treatment so people experiencing dementia and their carers receive the right support and care
- Allows people to plan for the future
- Getting the correct diagnosis and treatment allows people to live well with dementia

Assessment process

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- New referrals are triaged daily
- Assessments needs to be timely
- Risk/ urgency is assessed
- Cases are prioritised and booked in with the appropriate professional
- Assessment process- detailed history, scan, specific assessments and practical assessments.
- Duty/ lead available

Clinical Network for Dementia: Referral for Diagnosis Process

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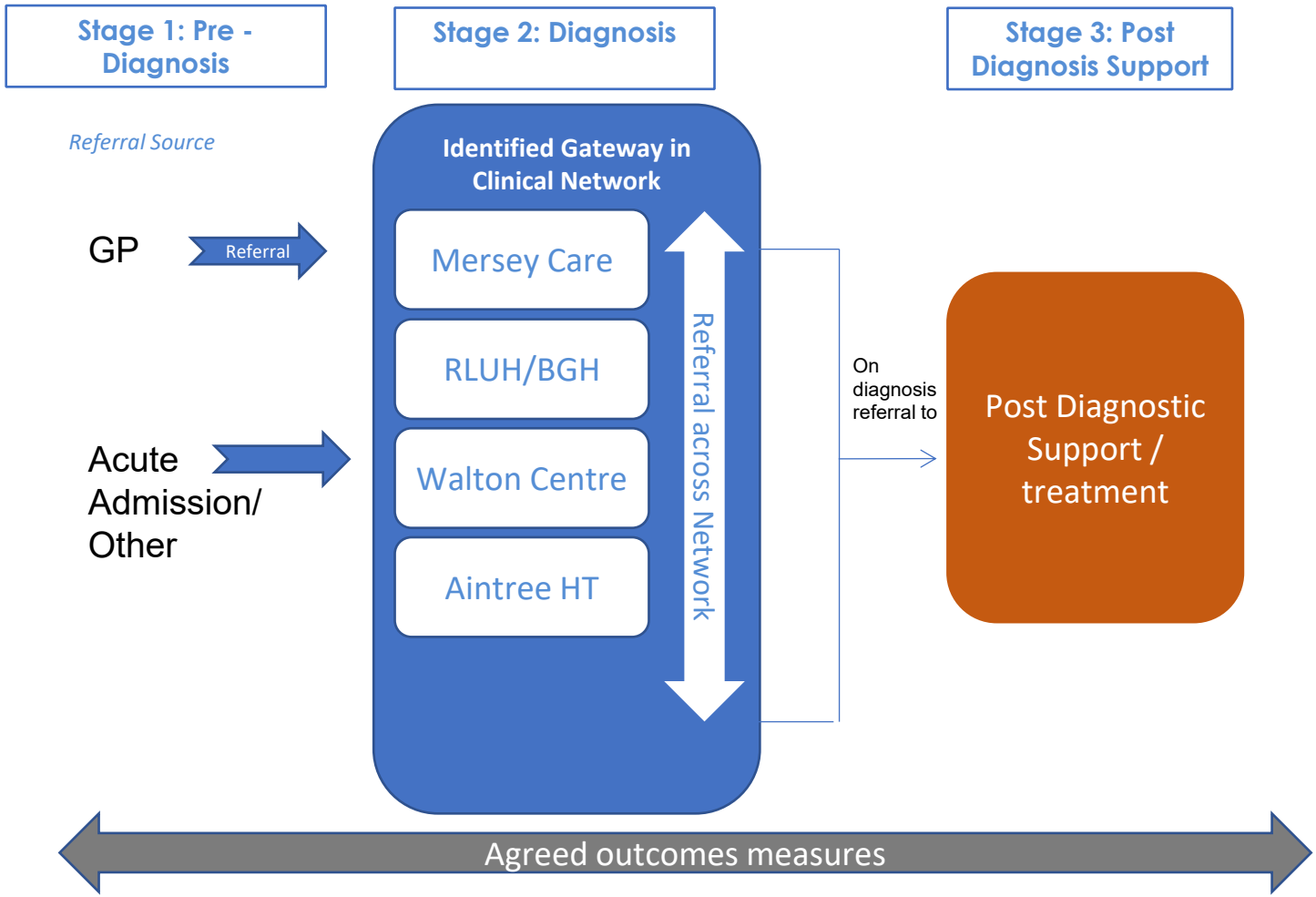

Treatment of Dementia

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- At the moment there is no cure for dementia although huge amounts of research is looking at this area.
- There are lots of things that can be done to help support people experiencing dementia and their carers
- Several medications are available which can help with the symptoms of dementia
- Around two thirds of people with dementia continue to live independently at home. Services are set up to keep people at home as long as they want to be living there.
- There are many adaptations that can be made around the house that can help somebody retain their independence.

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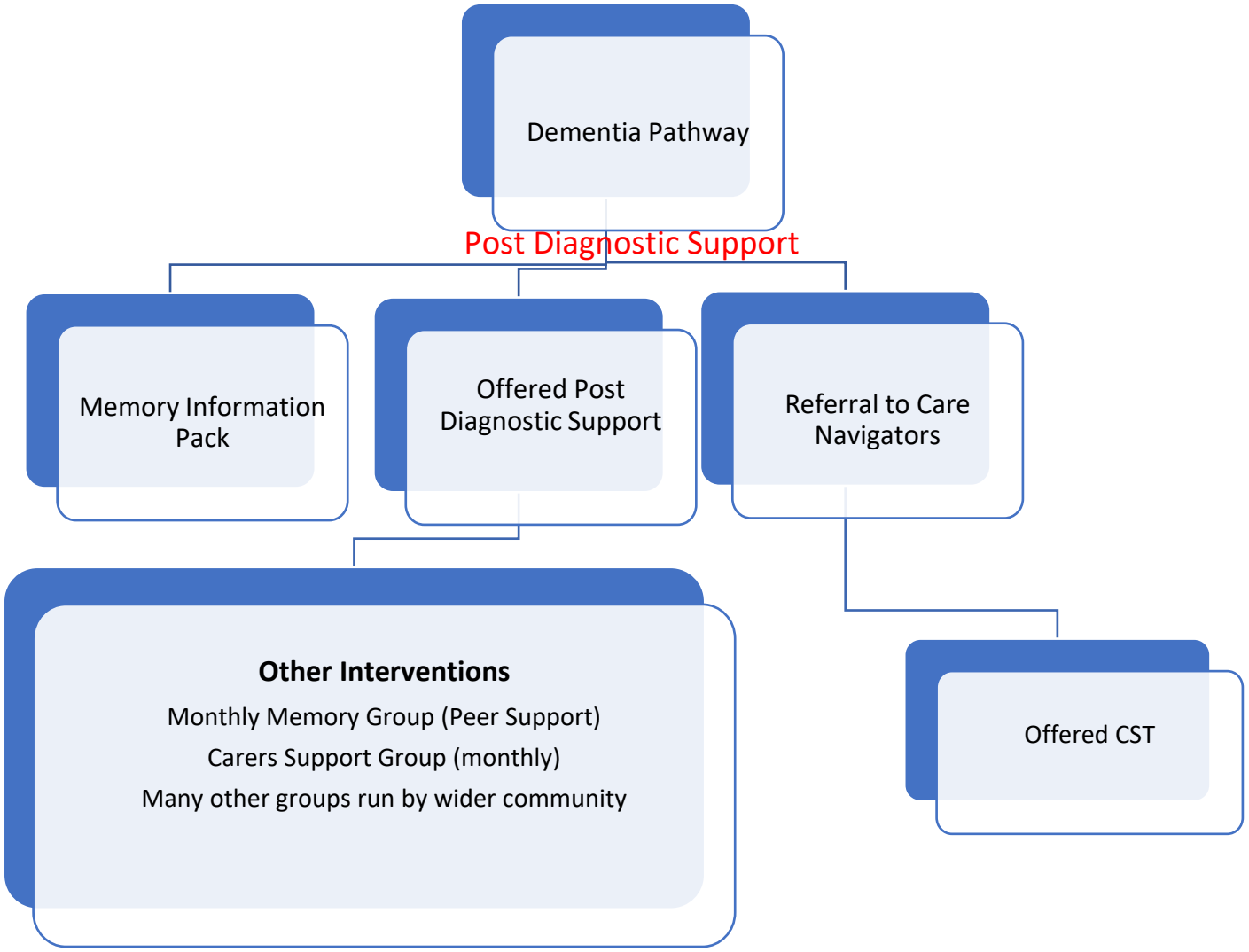

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Post Diagnostic Support Group (PDSG)

- Educational group for people experiencing dementia and their carers
- Provides practical advice and emotional support
- Opportunity to meet others with similar experiences

Cognitive Stimulation Therapy (CST)

- Recommended by NICE
- Based on principles of stimulating cognitive activity

Care navigator role

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For people with dementia and carers	For GP's
To support people from the point of diagnosis	Working within GP practices
Offering loose touch support	Outreach for people worried about their own or another's memory
Signposting	Dementia awareness in practices
Point of contact for people – pre and post diagnosis	Support for people with dementia and carers
Fast track into CMHT if needs change	Checking coding and dementia registers
Enabling people to participate in activities	Cross checking with Mersey Care 's database
Resource in terms of available services	Fast track into Memory Service

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Multi-disciplinary Team

- Psychiatrist
- Community Mental Health Nurse
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Support worker
- Social Workers (based separately)
- Care Navigators
- Young onset dementia- age 64 and under

Biopsychosocial Model

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- There are many other ways that can help an individual cope with dementia and maximise their abilities.