
Call your healthcare provider if:

- a sudden change in mental status occurs
 - you are unable to care for a person with dementia at home
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Useful Links:

www.dementiasa.org

www.alzheimers.org.za

SU/UCT MRC Unit on Risk and Resilience in Mental Disorders

The Research Unit on Risk and Resilience in Mental Disorders, to which the MHIC is affiliated, was established by the Medical Research Council (MRC) in 1997. The Unit is located at the Department of Psychiatry at the University of Stellenbosch and investigates the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and related conditions), panic disorder, post-traumatic stress disorder, and social anxiety disorder. For more information about joining research trials, please visit the website or contact the MHIC.

www.mrc.ac.za/anxiety/anxiety.htm



MENTAL HEALTH INFORMATION CENTRE

Southern Africa

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DEMENTIA



What is dementia?

Dementia is a descriptive term for a collection of symptoms that can be caused by a number of brain disorders. It is a progressive, degenerative brain syndrome that affects memory, thinking, behavior and emotion. Dementia is NOT a part of normal ageing.

Causes of dementia

The causes of dementia may include certain medical conditions, post-substance abuse or a combination of both. In developed countries Alzheimer's disease accounts for about half of all cases of dementia.

Different types of dementia

Alzheimer's disease: In this condition, a biochemical change occurs in the brain, eventually resulting in loss of brain tissue. The onset may be slow initially, but then it is followed by steady acceleration to a rapid deterioration. Alzheimer's disease is not reversible, but some medications can slow its progress.

Vascular dementia: Here, the brain develops multiple small areas of dead tissue as a result of blockages in small brain arteries. This is more common amongst those with a history of high blood pressure, strokes, smoking or alcohol abuse. Treating these conditions can slow the progress of vascular dementia.

Alcohol-induced dementia: Brain damage caused by chronic, prolonged alcohol abuse. Treatment requires sobriety, vitamin replacement, correction of medical problems and management of behavior problems.

Other types include dementia caused by Huntington's disease, Parkinson's disease, Lewy body dementia, Creutzfeldt-Jakob disease, Pick's disease and HIV/Aids.

Characteristic symptoms

Symptoms of dementia vary considerably and depend on the individual and the underlying cause. Usually the first sign of dementia is short-term memory loss. Other symptoms include mood changes, communication problems and feeling sad, frightened or angry.

Early warning signs include:

- recent memory loss
- disorientation of time and place
- difficulty in performing familiar tasks
- changes in mood or behavior
- problems with language (trouble naming familiar objects)
- poor judgment
- loss of initiative
- misplacing things
- problems with abstract thinking
- personality changes

As dementia becomes worse, symptoms become more obvious and may include:

- difficulty performing basic tasks such as driving, preparing meals, reading or writing
- forgetting detail about current events
- poor judgment and loss of ability to recognize danger
- delusions, hallucinations, depression, agitation
- change in sleeping patterns, often waking up at night
- social withdrawal
- speaking in confusing sentences and using words incorrectly
- having arguments and violent behavior

Those with severe dementia may be unable to perform basic activities of daily living, recognize family members or understand language.

PREVENTION OF DEMENTIA

Most causes of dementia are not preventable. Quitting smoking and treating high blood pressure and diabetes may reduce the risk of vascular dementia. A healthy lifestyle, balanced diet and regular exercise may also reduce the risk of vascular dementia.

Management of dementia

The treatment of dementia depends on its cause. Treatment will focus on delaying the onset of the disease and slowing the progress. Developing new treatments for Alzheimer's disease is an active area of research.

The management of dementia involves a quadrangle, namely the doctor, patient, caregiver and the community. The quality of life of the caregiver, to a large extent, determines the quality of life of the patient. Caregivers must be aware of ways to manage their emotions by learning as much as possible about the disease.

Non-pharmacological treatment should be implemented prior to attempting drug treatment. This involves psycho-education and support of the caregiver, establishing a safe and familiar routine for the patient, helping the patient with daily activities and keeping him/her occupied.

Drugs to specifically treat Alzheimer's disease are now available. These drugs will not cure the disease or reverse existing brain damage, but they can improve symptoms and slow the progression of the disease. This may improve a person's quality of life, and delay admission to a nursing home. It may also be beneficial to caregivers as it will ease their burden.