



# Dementia: The Facts

*Warning Signs, Symptoms & More*





## Warning Signs

The symptoms of dementia vary, depending on the type of disease causing it.

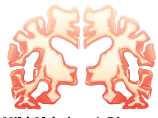
If someone is exhibiting these symptoms, the person should check out his or her concerns with a healthcare professional. Awareness of these warning signs is not a substitute for a structured screening or consultation with a primary care provider.

- Trouble with new memories
- Relying on memory helpers
- Trouble finding words
- Struggling to complete familiar actions
- Confusion about time, place or people
- Misplacing familiar objects
- Onset of new depression or irritability
- Making bad decisions
- Personality changes
- Loss of interest in important responsibilities
- Seeing or hearing things
- Expressing false beliefs

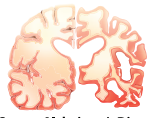
## Alzheimer's Disease



Healthy Brain



Mild Alzheimer's Disease



Severe Alzheimer's Disease

## Dementia Defined

Dementia is a general term that describes a group of symptoms such as loss of memory, judgment, language, complex motor skills, and other intellectual function caused by the permanent damage or death of the brain's nerve cells, or neurons.

One or more of several diseases, including Alzheimer's disease, can cause dementia. Alzheimer's disease is the most common cause of dementia in persons over the age of 65.

It represents about 60 percent of all dementias. The other most common causes of dementia are vascular dementia, caused by stroke or blockage of blood supply, and dementia with Lewy bodies. Other types include alcohol dementia, caused by sustained use of alcohol; trauma dementia, caused by head injury; and a rare form of dementia, frontotemporal dementia.

The clinical symptoms and the progression of dementia vary, depending on the type of disease causing it, and the location and number of damaged brain cells. Some types progress slowly over years, while others may result in sudden loss of intellectual function.

Each type of dementia is characterized by different pathologic, or structural, changes in the brain, such as an accumulation of abnormal plaques & tangles in individuals with Alzheimer's disease, and abnormal tau protein in individuals with frontotemporal dementia.

## Symptoms

**Symptoms of Alzheimer's disease are divided into two categories:** cognitive, or intellectual, and psychiatric.

Differentiating them is important so that behavioral problems that are caused by loss of cognitive functioning are not treated with anti-psychotic or anti-anxiety medications.

**The clinical symptoms of Alzheimer's disease vary,** depending on the type of disease causing it, and the location and number of damaged brain cells. With Alzheimer's disease, manifestation of all of these symptoms is quite probable; with other types of Alzheimer's disease, it is possible to have some or all of these symptoms.

Cognitive, or intellectual, symptoms are amnesia, aphasia, apraxia and agnosia.

**Amnesia** is defined as loss of memory, or the inability to remember facts or events. We have two types of memories: the short term (recent, new) and long term (old) memories. Short term memory is programmed in a part of the brain called the temporal lobe, while long term memory is stored throughout extensive nerve cell networks in the temporal and parietal lobes.

**In Alzheimer's disease,** short term memory storage is damaged first. Aphasia is the inability to communicate effectively. The loss of ability to speak and write is called expressive aphasia. An individual may forget words he has learned, and will have increasing difficulty with communication. With receptive aphasia, an individual may be unable to understand spoken or written words or may read and not understand a word of what is read. Sometimes an individual pretends to understand and even nods in agreement; this is to cover up aphasia. Although individuals may not understand words and grammar, they may still understand nonverbal behavior, i.e., smiling. Apraxia is the inability to do preprogrammed motor tasks, or to perform activities of daily living such as brushing teeth and dressing. An individual may forget all motor skills learned during development. Sophisticated motor skills that require extensive learning, such as job related skills, are the first functions impaired by Alzheimer's disease. More instinctive functions like chewing, swallowing and walking are lost in the last stages of the disease. Agnosia is an individual's inability to correctly interpret signals from their five senses. Individuals with Alzheimer's disease may not recognize familiar people and objects. A common yet often unrecognized agnosia is the inability to appropriately perceive visceral, or internal, information such as a full bladder or chest pain

**Major psychiatric symptoms include:** Personality changes, depression, and hallucinations & delusions.

**Personality changes** can become evident in the early stages of Alzheimer's disease. Signs include irritability, apathy, withdrawal and isolation. Individuals with Alzheimer's disease may show symptoms of depression at any stage of the disease. Depression is treatable, even in the latter stages of Alzheimer's disease.

**Psychotic symptoms** include hallucinations & delusions, which usually occur in the middle stage of Alzheimer's disease. Hallucinations occur in about 25 percent of Alzheimer's disease cases and are typically auditory and/or visual. Sensory impairments, such as hearing loss or poor eyesight, tend to increase hallucinations in the elderly with Alzheimer's disease. Delusions affect about 40 percent of individuals with Alzheimer's disease.

**Hallucinations & delusions** can be very upsetting to the person with Alzheimer's disease. Common reactions are feelings of fear, anxiety and paranoia, as well as agitation, aggression and verbal outbursts.

**Individuals with psychiatric symptoms** tend to exhibit more behavioral problems than those without these symptoms. It is important to recognize these symptoms so that appropriate medications can be prescribed and safety precautions can be taken.

**Psychotic symptoms** can often be reduced through the carefully supervised use of medications. Talk to your primary care doctor, neurologist or geriatric psychiatrist about these symptoms because they are treatable.

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