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The Dementia Tsunami

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My cousins love to tell the story at family reunions about how my grandfather lost his glasses. Many of us have lost glasses or keys or have forgotten names or phone numbers at some time or other. My parents didn't think my grandfather had dementia, just absentmindedness.

Today, an estimated 24 million people live with Alzheimer's or another form of dementia, and others fear memory-loss symptoms. But not everyone who has memory-loss problems has a dementia disease.

Tiredness, stress, grief processes, mild depression, and even absentmindedness can cause temporary memory confusion. Wear and tear on our brains as we age causes the processing and recalling of information to slow down.

When seniors undergo surgery, especially heart surgery, anesthesia may cause temporary dementia symptoms called postoperative cognitive dysfunction (POCD). Because of the potential for POCD, anesthesiologists should only administer narcotics and sedative drugs during surgery in low doses.

According to the *Cleveland Clinic Journal of Medicine*, those who already have dementia symptoms may likely worsen postoperatively, complicating disease management. These symptoms may persist for many months.

Dementia Disease Determination

In order to distinguish between normal, short-lived memory problems or those that define the onset of a dementia disease, trained medical professionals can administer a mental status exam, such as the Mini-Mental State Examination (MMSE) or the Cognitive Capacity Screening Examination (CCSE).

If the exam results indicate dementia, pathology referral should follow for a complete neuropsychological examination that includes a bio-psychosocial history and is designed to differentiate the areas of the brain affected. The results enable family members and their physician to plan the best course of treatment.

Dementia Classifications

With advances in brain studies and dementia research, many different types of dementia disease can be identified and a best practices course of treatment specified.

Alzheimer's disease (AD) leads as the most researched and treated kind of dementia. AD begins with short-term memory loss and confusion similar to most of the other kinds of dementia, but, unlike the others, has a predictable progression.

Medical professionals can identify AD by finding plaques along with empty pockets through CT, MRI, or PET brain scans. Current Alzheimer's research has confirmed that early-onset AD may be genetically transmitted.

Two other kinds of dementia, vascular dementia (VD) and Lewy body dementia (LBD), vie for second place to AD in prevalence.

VD occurs in more than 80 percent of those who have had a stroke or a series of small transient ischemic attacks or TIAs. Cognitive problems, such as disorientation in familiar locations, difficulty following directions, and problems handling money, may appear suddenly and worsen with each additional stroke and progress in a step-like fashion.

Frontotemporal dementia, or frontal-lobe dementia (FTD), has been difficult to distinguish from VD because in both VD and FTD, the impairment occurs in the frontal lobe part of the brain. The most common signs of FTD include changes in personality and behavior, euphoria, apathy, decline in personal hygiene, and a lack of awareness concerning these symptoms. Frequent falls may also occur with FTD.

Prevalence of movement disorders, behavioral problems, and visual hallucinations could lead to a diagnosis of either LBD or

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Parkinson's disease. Differentiation between the two becomes difficult since Lewy bodies in the brain (hence the name LBD) can only be seen during an autopsy. Physicians prefer to use a diagnosis such as mixed dementia. Treatment, then, becomes more of an art than a science.

Treatment Issues

Through continued neurological studies and pharmacological research, one day specific medicines may cure these varieties of dementia diseases. However, today no cure exists. Physicians and health facilities treating those affected can only seek to maintain mental functioning as long as possible and manage mood and behavior.

Nonmedical interventions have been proven to be the most effective in controlling moods and undesirable behaviors. Socialization with other dementia patients and family members, along with music and arts and crafts therapy, help defuse anxiety and fear symptoms that lead to behavior problems. Establishing a set routine, simplifying tasks, and eliminating unnecessary, noise-like TV programs filled with action and violence also aid in minimizing any behavioral problems.

Physicians who treat behavioral problems in dementia patients with prescribed drugs do so experimentally. Medicine that works for one dementia patient might not work for another. Some studies show that herbal supplements such as ginkgo biloba and salvia can be effective. A dietary supplement known as COP-choline may help improve brain function because it increases acetylcholine (a brain neurotransmitter).

On her website *Elder Consult*, Dr. Elizabeth Landverk writes that some commonly prescribed medications, such as anti-inflammatories, anti-convulsants, benzodiazepines, and brand names of Lomotil, melatonin, and Selegiline, may have serious side effects with dementia patients. Common medicines that decrease acetylcholine—such as prednisone, amitriptyline, and Benadryl and those prescribed for bladder infections—are counter-indicated for dementia patients.

Physicians often prescribe the drug Namenda, an NMA receptor, to treat a dementia disease in its moderate to late stages to delay the degenerative progression. Along with Namenda, some physicians prescribe cholinesterase inhibitors, under brand names of Aricept (donepezil), Razadyne, or Exelon, to increase the availability of acetylcholine and improve mental acuity.

However, these pharmacological agents lose their effectiveness as the disease progresses and may not work in every case. Aricept's effectiveness works in only about 10 to 30 percent of dementia patients and for only up to about nine months. In some instances, this drug may worsen dementia symptoms.

Geriatric physicians sometimes try to control a dementia patient's behavioral changes with antidepressants, neuroleptics, or antipsychotic drugs. According to a British government-commissioned study, of the 180,000 persons with a dementia disease who were prescribed antipsychotics, 144,000 were given them inappropriately. Those treated with high doses of haloperidol had double the risk of death compared with some of the other drugs taken. However, the drug Celexa has been clinically proven to be a better choice than Ativan or lorazepam.

Although their potential to relieve behavioral symptoms and prolong brain deterioration is promising, most of these treatments cannot lessen the impact that the current dementia tsunami has on family members and caregivers.

Useful websites for further reading:

www.alz.org
www.webmd.com
www.medicine.net
www.cdr.rfmh.org
www.elderconsult.com

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