

Dementia¹

Dementia is a characteristic combination of symptoms (syndrome), which can be caused by a number of different things, the vast majority of which are located in the brain.

Within the framework of dementia, there are five important principles to keep in mind:

1. Dementia is not a normal part of aging and can occur from age 30.
2. There are many kinds of dementia and each kind is different in presentation, course, care needs, and care intensity.
3. Dementia has an impact on far more than just memory.
4. Dementia has a long, often aspecific onset.
5. There is no cure, though treatment options are available.

1.

In 2012², the WHO established in its report "Dementia, a public health priority": "dementia is not a normal part of aging". However, it is true that the onset of dementia is associated with age. The older people are, the more likely it becomes: 10% over the age of 65, up to 40% above the age of 90. But even in the age group over 90, the majority do not have dementia; it is possible to be over 100 years old and still not develop dementia.³ Because of improved living conditions and fewer deaths due to cardiovascular disease and cancer, life expectancy is still rising and therefore de facto there will be more people with dementia in the future. In 2002, the Health Council calculated that in 2050 the number will reach as high as 400,000.⁴ Currently, the WHO has predicted double that number and in some countries even tripled it.² Dementia occurs as early as the age of 30; the earlier the onset, the greater the role of hereditary factors. It is also very clear that the burden on the patient, and the nuclear and extended family, is considerably bigger if the onset is at a younger age. Care intensity is also considerably higher and the period of time between the time that the first symptoms appear and the time of admittance is also longer.

2.

The most common type of dementia is Alzheimer's disease, about two-thirds of all cases, at any age. At a younger age (<75 years), these cases often involve pure types; above that age, mixed types are more frequent, e.g. accompanied by vascular dementia. Other common types are frontotemporal dementia (FTD), dementia with Lewy bodies (DLB), alcohol-related dementia, dementia with Parkinson's disease, dementia with Huntington's disease, and many others. With all these types, and even within a disease such as Alzheimer's dementia, there are variations in presentation, starting age, onset, prognosis, and care intensity for the carer. As early as the CBO directive in 2005, the importance of a nosological diagnosis (a diagnosis that focuses on detecting the cause of a disease) was emphasised.

3.

Dementia, especially Alzheimer's disease, is classically associated, with a disorder that affects recent, episodic (factual) memory. People forget where they have put their keys, parked the car, whether they have switched off the gas, when their appointments are, forget their Q&A meeting (...), etcetera. However, with other types of dementia, including Alzheimer's disease, other domains have been affected, either in an earlier stage or in this stage. FTD primarily presents with challenging behaviour, or just a speech disorder. DLB primarily presents with attention disorders, orientation disorders and visual hallucinations. In cases of Alzheimer's, the beginning can be characterised by language disorder (aphasia), visual disorder (visual agnosia) or difficulties in planning, keeping overview and logical reasoning (executive dysfunction). All types of dementia involve challenging behaviour to some extent; this is generally the most severe burden on the carer and eventually the primary reason to make the transition to a nursing home. Behavioural changes often concern symptoms of depression and/or anxiety, apathy, uninhibited behaviour, hyper-activity and restlessness, agitation, delusions and hallucinations. Life expectancy after diagnosis is between 8 and 13 years and is heavily dependent on the age associated with the onset of the disease and the type of dementia. Patients with dementia have a higher life expectancy when they can stay at home for a longer period of time. Over 70% of people with dementia live at home and the average period of admittance in a skilled nursing facility is growing increasingly shorter (currently 1.5 years).

4.

All instances of dementia usually involve a long onset, in which patients have increased (compulsory) visits to their GP involving aspecific complaints. Often symptoms in younger patients are dismissed as cases of burnout or stress and in older patients as signs of aging. In cases of Alzheimer's disease, research has shown that the first changes in the brain have already been present for 15 years prior to the first symptoms.⁸

5.

There is no cure for any of the types of dementia (yet). However, a tailor-made treatment is needed per type of dementia, based on the disease itself and the patient's support system. There is no standard treatment. Medicines for Alzheimer's and DLB have been registered (and are eligible for reimbursement) which could, to a certain extent, influence the combination of symptoms. There have been indications that lifestyle factors could influence the onset and symptoms of the current dementia; accordingly, these need to be well documented with each patient and possibly treated (high blood pressure, diabetes, smoking alcohol, heart failure, etcetera). Prevention-wise (in terms of preventing or delaying the onset of dementia) there have been contradictory reports on lifestyle and exercise, which will need proof from large-scale studies in the following years.

References

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