

A photograph of a woman with blonde hair, seen in profile from the chest up. She is looking downwards and to the left. A hand is visible on her right shoulder, suggesting support or care. The background is softly blurred.

Dementia

What is dementia?

Memory loss can be part of the normal ageing process. While some declines in memory such as occasional forgetfulness may be common in older age, noticeable differences in memory and thinking, as well as changes in behaviour or personality may be early signs of dementia.

Dementia is an umbrella term for a number of disorders that can affect the brain and the way a person thinks and behaves. It is thought to occur as a result of nerve cell damage within the brain. This damage interrupts the transfer of information between brain cells and, as a result, a person's thinking and behaviour is affected.

The main symptoms associated with dementia include memory loss, confusion, difficulties completing everyday tasks (e.g., managing finances), problems expressing language (e.g., naming family or friends), a decline in visual perception (e.g., giving directions), and changes in personality (e.g., being more irritable).

Age is the largest risk factor for dementia, with people aged over 65 being most at risk of developing the disease. The most common form of dementia is Alzheimer's disease, which represents between 60 and 80 per cent of dementia cases.

Types of dementia

There are four main types of dementia

Alzheimer's disease

This form of dementia is characterised by memory loss and declines in other everyday skills. The onset of symptoms is typically gradual, increasing in severity over time. At first, symptoms might be mild forgetfulness about recent events, activities, or the names of familiar people or objects. However as the disease progresses, symptoms escalate to forgetting how to perform simple tasks, such as bathing or making a cup of tea. Thinking might become muddled and problems arise with speaking, reading or writing. Later, symptoms include anxiety and at times aggression, failure to recognise loved ones or wandering away from home.

Vascular dementia

Vascular dementia is triggered by small vessel disease or by minor strokes where blood clots block small blood vessels in the brain, ultimately destroying surrounding brain tissue. Symptoms of vascular dementia include confusion, impaired judgement and planning, frequent falls, loss of bladder control and emotional problems such as laughing or crying inappropriately.

Dementia with Lewy bodies

Dementia with Lewy bodies is caused by brain cell death in certain areas of the brain. It is characterised by steady declines in an individual's cognitive abilities (e.g., confusion, extreme variation in mood) as well as two or more of the following symptoms:

- changes in thinking and reasoning
- confusion and alertness that varies throughout the day or from one day to the next

- frequent and detailed visual hallucinations
- spontaneous loss of motor control, similar to that of Parkinson's disease.

Frontotemporal dementia

Early symptoms of frontotemporal dementia are changes in behaviour, mood or personality but as the disease progresses, changes in cognitive skills, particularly attention, problem-solving, judgement and organising skills also occur. The main symptoms of frontotemporal dementia include:

- declines in social and interpersonal skills
- increasingly impulsive or reckless behaviour
- lack of emotion or concern for others.

Some forms of frontotemporal dementia can also cause problems with language (e.g., loss of speech) and mobility (e.g., shakiness, lack of coordination).

Symptoms

The signs and symptoms of dementia will vary depending on the specific form and stage of the disease. However, common symptoms include:

- a decline in memory, with recent events the hardest to recall
- a decline in cognitive function, such as language, visual-spatial awareness, recognition of emotions
- changes in personality, such as increased irritability or suspiciousness
- difficulty learning new information
- loss of ability to perform everyday tasks.

People with dementia might also develop other mood and behavioural problems, such as:

- depressed or anxious mood
- loss of interest in people and events
- withdrawal
- aggression
- disinhibition
- hallucinations and delusions.

Causes

Dementia is thought to occur as a result of nerve cell damage within the brain. This damage interrupts the transfer of information between brain cells and, as a result, a person's thinking and behaviour is affected. Why this happens for some people and not for others however is not yet known, but there are a number of factors that might play a role in the development of the disease.

Age itself remains the greatest single risk factor for the development of dementia, with approximately seven per cent of individuals aged 65 years or over, and 40 per cent of individuals over the age of 85, having some form of dementia.

Younger onset dementia, which develops before age 65, is becoming both more commonly diagnosed and better studied. Younger onset dementia is associated with specific age-related

adverse consequences for both younger individuals and their families, including depression and social isolation. Genetic factors and family history also play a role in nearly all forms of dementia.

In addition, a range of lifestyle factors have been associated with an increased risk of developing dementia. These include smoking, lack of regular exercise, being overweight or obese, and lack of mental stimulation or social interaction. A variety of psychological and physical health factors are also thought to increase the risk of dementia, including depression, diabetes, high cholesterol, high blood pressure, heart disease and stroke.

Assessment

In order to reach a diagnosis of dementia, specialised assessments are needed, and might involve a number of health professionals, including GPs, geriatricians, neuropsychologists, psychologists and psychiatrists. Blood tests, neuropsychological testing, a thorough personal and family history, and a detailed clinical interview may all be part of a dementia assessment. Specialist neurological neuroimaging might also be used to confirm a diagnosis.

Treatment

Currently there is no treatment for dementia which can reverse or stop the symptoms of the disease. There are, however, a number of approaches which can slow its progression and assist people with dementia and their families to cope with many of the challenges associated with dementia and the stresses of caregiving. These approaches are outlined below.

Psychological approaches

Cognitive behavioural therapy (CBT) and supportive psychotherapy can help those with early stages of dementia understand and adjust to their diagnosis, and find effective ways of coping. CBT can also be used to address symptoms of depression and anxiety which are often experienced by those with dementia.

Cognitive and memory training in the early stages of dementia has also been shown to have some benefits at slowing the neurocognitive declines associated with dementia.

Behavioural approaches

A number of behaviours associated with later stages of dementia that can cause concern include wandering, agitation, aggression and repetitive questioning. Behavioural interventions can be used to help ease such behaviours, and typically involve:

- identifying a problem behaviour
- gathering information on its possible triggers and working to minimise these
- modifying the behaviour through reinforcement and by redirecting the person to familiar and enjoyable activities
- evaluating the success of the intervention and adjusting strategies as needed.

- Encouraging a healthy lifestyle which includes moderate physical activity, a balanced diet and medication adherence can also be of benefit as it can help improve cognitive functioning and reduce risk factors such as high blood pressure and cholesterol.

Environmental approaches

- Keeping a person's environment constant and familiar will help them make better sense of their surrounds, and maintain their independence.
- Minimising complexity in the person's environment can also decrease confusion and distress and help maintain independence. Useful strategies include simplifying the layout of rooms, removing clutter, decreasing noise, and adding simple signage and cues around the home.

Approaches for caregivers

Caring for someone with dementia can be stressful. There are a number of practical approaches which can help caregivers reduce their stress and maintain their own wellbeing, including:

- empowering the carer to seek practical support, such as arrangements for day respite
- empowering the carer to seek professional advice when making arrangements for their loved one, such as making a will, arranging powers of attorney, or the termination of a driving licence
- supporting the emotional needs of the carer, and providing assistance around adjusting to changes and declines in the health of the loved-one, and providing effective treatment for depression or anxiety if this is required
- connecting with caregiver support groups, which can also help improve psychological well-being, decrease depression and feelings of burden, and improve the social networks of caregivers.

More information

Australian Psychological Society

Australia's largest professional association for psychologists.
psychology.org.au

Dementia Australia

The peak body providing support and advocacy for Australians living with dementia.

dementia.org.au

National Dementia Helpline: 1800 100 500

Carers Australia

The national peak body representing Australia's carers.

carersaustralia.com.au

Seeking help

A psychologist often forms part of a multidisciplinary team involved in the diagnostic assessment of the person, looking at aspects of functioning such as thinking, memory, and self-care, using interview and formal assessment tools.

Once a diagnosis has been made, a psychologist might also be involved in developing a treatment or support plan, based on the needs of the person and their family or carers.

A medical review with a GP, geriatrician, neurologist or psychiatrist might be suggested to confirm the diagnosis, to determine whether another condition could account for the individual's symptoms, or to advise if medication might be of benefit. Referrals to a dietician, occupational therapist, physiotherapist, or social worker might also be made to help the individual or caregiver with particular requirements around nutrition, safety, mobility, or access to community services.

The psychologist typically works as part of this treatment team, to ensure that the person receives the best collaborative care and that adjustments in any aspect of treatment or intervention are done with a complete understanding of the person's overall care plan.

If you are concerned that you or someone you know might be experiencing signs of dementia, a review with your GP should be the first step. The involvement of a psychologist for assessment or treatment might also be considered.

If you are referred to a psychologist by your GP, you might be eligible for a Medicare rebate. You may also be able to receive psychology services via telehealth so you don't need to travel to see a psychologist. Ask your psychologist or GP for details. There are number of ways to access a psychologist. You can:

- use the Australia-wide **APS Find A Psychologist™** service. Go to findapsychologist.org.au or call 1800 333 497.
- ask your GP or another health professional to refer you.




The Australian Psychological Society Limited
 PO Box 38, Flinders Lane, VIC, 8009

Telephone: (03) 8662 3300 or 1800 333 497

Fax: (03) 9663 6177

Email: membership@psychology.org.au

Web: psychology.org.au

Find us on social media   

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