

World Alzheimer's Day

21 September 2009



Diagnosing
Dementia:
**SEE IT
SOONER**



**Alzheimer's Disease
International**
25 YEARS 1984-2009

www.alz.co.uk

See It Sooner

The theme for World Alzheimer's Day 2009 is 'Diagnosing Dementia: See It Sooner'. It is estimated that more than 30 million people around the world have dementia. A large proportion of these people are not given a diagnosis. This means they have no way to gain access to the care and treatment they need.

A diagnosis is an essential first step towards receiving appropriate help and support. Without a diagnosis, people with dementia will remain confused and bewildered by what is happening to them; carers are frustrated, irritated and angry because the person they love is changing in a way they do not understand.

Medical professionals need not only to be competent but also to feel it is worthwhile and important to make the diagnosis of dementia when it is present.

Delay in diagnosis means that people with dementia and their carers suffer unnecessarily from uncertainty about what is happening and are deprived of the

treatment and care they need.

Diagnosis is more likely to be made early if the whole population is informed about the disease and can recognise the symptoms.

A memory camp set up for World Alzheimer's Day in India



Why diagnose?

For the person with dementia a diagnosis:

- provides an explanation for symptoms and odd behaviour
- conveys information about cause and outlook
- initiates access to resources and treatments
- provides an opportunity to discuss the problem

For the carer and the family a diagnosis should provide:

- greater understanding of the symptoms and behaviour
- information to help to plan for the future
- recognition of the carer's role
- access to resources and support

For the clinician and providers of dementia services, diagnosis:

- enables a more effective service to be provided
- makes it easier for people with dementia and their carers to develop a trusting relationship with their professional advisers
- improves communication between professionals

For policy makers, if people with dementia in the population receive a diagnosis this:

- encourages the development of services
- raises awareness of the need for training of professionals and volunteers

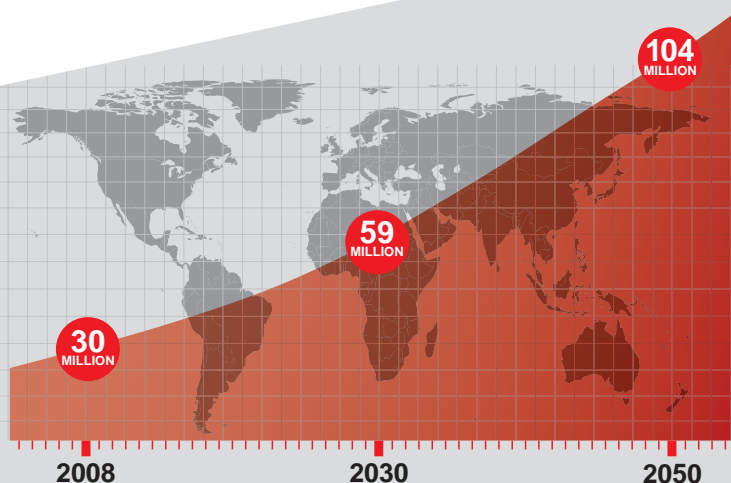
Diagnosis and assessment in dementia

What does diagnosis involve?

- **Family or friends.** The person with dementia or someone in the family needs to realise something is going wrong. The most common signs are memory loss, confusion and odd behaviour. Realisation by family and friends is much more likely to occur if everyone is aware that memory does not normally decline to a significant degree with age and that poor memory should be investigated at any age.
- **Going to the doctor.** The next step is to get a medical opinion. The doctor will take a history to obtain an account of the development of the symptoms as well as other relevant information. The doctor will then carry out a mental examination, including a simple memory test. Where they are available, it may be useful to carry out special investigations that provide images of the brain. These images can provide information that is helpful in making a diagnosis.

There is no single or simple test for dementia. The diagnosis is made from the account given by the family and by talking with, observing and assessing the person who may have dementia.

ESTIMATED NUMBERS OF PEOPLE WITH DEMENTIA AROUND THE WORLD



Steps to diagnosis

Professionals go through four steps in making a diagnosis.

1. Listening

Listening to the person with dementia and the carer - the first and most important step of diagnosis is the story of the development of the dementia.

2. Recognition of symptoms

Recognition of the characteristic memory loss and other symptoms can only be achieved by listening, asking the right questions and carrying out simple mental tests.

3. Assessment and making the diagnosis

Having obtained the information and carried out simple tests, the next step for the professional is to make the diagnosis of dementia if this is indeed present. This is important as there are causes of memory loss and other symptoms that are not dementia and these may require other forms of treatment. If dementia is present, what type is it?

4. Communicating the diagnosis

The professional needs to discuss with the person with dementia and their carer what seems to be the most likely cause of the symptoms, what sort of help is likely to be appropriate and how this can be obtained. This communication needs to include providing some idea of the type or cause of dementia.



Helen Lim and her mother, Cecelia Lye, in 2001

Reflections of a Carer

Helen Lim, Singapore

The year 1999 was a year of reckoning when my mum displayed signs and behaviour that was quite unbecoming – anxiety, forgetfulness, repetitive questioning, impatience, loss of appetite and interest in the daily chores coupled with occasional irritation over trivial matters. A visit to a neurologist after her usual medical check-up revealed that mum had the signs of the onset of dementia.

How can we improve diagnosis?

Increase public awareness

If everyone in the population is aware that memory loss, confusion and odd behaviour are not a normal part of ageing and may well be a sign of dementia, then when any of these occur it is much more likely that people with dementia will be referred early for professional advice.

Of course, it is particularly important that health professionals, especially primary care professionals are aware of dementia. Around the world improved training is making it more likely that awareness of the condition is increasing among professionals.

Diagnose early

An early diagnosis allows early support and early intervention. This is important now and will become even more important as treatments improve.

Diagnosis as the starting point and not the finishing point

A diagnosis must be accompanied by support for all concerned. Support means information and counselling, as well as comprehensive services and appropriate treatments.

Diagnose accurately

In countries with advanced facilities and expensive equipment, diagnosis can sometimes be made more accurate with imaging techniques and blood tests. Although at the moment the results of such tests only rarely give information that is important for treatment, it is likely that in the future such tests will provide results that give pointers to more effective treatment.

She was then 82 years old. She had always been an active person in church activities, lunch get-togethers with her relatives and friends, and had a great interest in playing “mahjong” with them. After the diagnosis, with the help of medication and a daily routine of being in an Alzheimer’s Day Care Centre, mum’s situation was contained and she enjoyed the company of friends in the Centre coupled with organised outings.

However, with the passing of my dad and a fall that ended with a hip-fracture, she became more reclusive, avoiding friends and activities unless we were there with her. Mum could not understand the state of her own mind and questioned herself for the “odd” behaviour, apologising frequently for the irritation she caused. Mum has now reached that stage of Alzheimer’s disease where there are no more “demands” except we are keeping her as comfortable as possible on a daily basis.

World Alzheimer's Day

World Alzheimer's Day was launched 15 years ago, on 21 September 1994, to unite people affected by Alzheimer's disease and other dementias around the world. The day gives people with dementia, carers and medical professionals worldwide the chance to share their stories and take part in a variety of activities in order to raise awareness among the public and key decision-makers. World Alzheimer's Day also provides Alzheimer associations with an opportunity to share their work and connect with more people in need of their services.

Your Alzheimer association does a great deal in providing information and helping people to recognise the signs as early as possible. To find out more please contact your local association. Details of associations around the world can be found at www.alz.co.uk/associations.

South Korea
mark World
Alzheimer's
Day with a
memory walk



World Alzheimer Report

World Alzheimer's Day 2009 sees the launch of the World Alzheimer Report, a two-year study with the aim of getting dementia recognised as a global health priority and raising awareness of Alzheimer's disease and related dementias.

The first part of this report highlights the prevalence and numbers of people with dementia worldwide. By considering mortality levels, disability, carer strain and dependency the report offers an insight into the relative impact of dementia on a global scale. The report also gives examples of good national plans, information on health service responses worldwide and offers a framework for action in each country.

The second part of the study, focussing on the economic costs and providing estimates of the global burden of dementia, will be released in 2010.

Alzheimer's Disease International

World Alzheimer's Day is coordinated by Alzheimer's Disease International (ADI), the international federation of 71 Alzheimer associations around the world, to attract the attention of the international media and the world's policy makers. ADI aims to establish and strengthen Alzheimer associations throughout the world, and to raise awareness about Alzheimer's disease and other types of dementia. Together we aim to unite our efforts, skills and motivations to secure a better life for people with dementia and their carers.

Types of dementia

There are many different types of dementia. No matter what the type of dementia, it results in a decline in mental function, especially memory. Dementia interferes with daily activities and social relationships and usually runs a progressive course although it can be step by step. Dementia is usually irreversible and ultimately fatal. The most common types include:

Alzheimer's disease

- accounts for 50-60% of all cases
- is associated with widespread damage to brain tissue
- produces slow decline of memory, language and thinking

Vascular dementia

- arises from damage due to poor blood supply to brain cells
- produces stepwise decline of memory
- is associated with other signs of vascular disease, such as strokes

Dementia with Lewy bodies

- special abnormal appearances in brain tissue
- fluctuating memory problems
- distressing hallucinations (visions)
- stiffness and tremor (parkinsonism)
- falls

Fronto-temporal dementia, including Pick's disease

- local damage in front part of brain
- slow onset of memory loss
- early deterioration of social behaviour
- language deficits early

Further information

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