

A Brief Note on Dementia

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Description

Dementia is a collection of symptoms that appear when the brain is impaired due to an injury or disease. The symptoms include progressive memory, cognitive and behavior problems that have a detrimental impact on a person's capacity to function and carry out daily tasks. Aside from memory loss and cognitive patterns disturbance, the most typical symptoms include emotional issues, linguistic difficulties and a lack of drive. The symptoms may be defined as happening in a continuum throughout various stages. The state of consciousness is unaffected.

Dementia ultimately has a huge effect on the individual, caregivers, and relationships in general. Dementia is defined as a change in a person's regular mental functioning as well as a larger cognitive loss than normal ageing. Several disorders and traumas to the brain, such as a stroke, can give birth to dementia. Alzheimer's disease a neurological ailment, is the most prevalent cause. Dementia is a type of acquired brain condition characterised by a loss of cognitive abilities, as opposed to neurodevelopmental disorders.

Causative subtypes of dementia may be based on a known potential cause, such as Parkinson's disease for Parkinson's disease dementia; Huntington's disease for Huntington's disease dementia; vascular disease for vascular dementia; brain injury, including stroke, frequently results in vascular dementia; or a variety of other medical conditions, such as HIV infection for HIV dementia; and prion diseases for prion diseases. Subtypes can be distinguished by a variety of symptoms caused by neurodegenerative pathology such as Alzheimer's disease, frontotemporal lobar degeneration in frontotemporal dementia, or Lewy body disease in dementia with Lewy bodies. Mixed dementia is a term for when more than one type of dementia coexists. The diagnosis is usually made based on the patient's medical history and cognitive testing with imaging.

Blood tests may be used to rule out alternative, potentially reversible reasons, such as an underactive thyroid, as well as to determine the subtype. The Mini-Mental State Examination is a frequent cognitive exam. Aging is the leading cause of dementia, yet dementia is not a normal part of the ageing process. Several dementia risk factors, including as smoking and obesity, can be avoided by adopting a healthier lifestyle.

Screening the general elderly population for the condition does not appear to have a significant impact on the result. Dementia has no known treatment. Acetylcholinesterase inhibitors, such as donepezil, are frequently used and may be effective in the treatment of mild to moderate depression. However, the overall advantage may be insignificant. There are a variety of ways to improve the quality of life for dementia patients and their minder. It's possible that cognitive and behavioural therapies would be beneficial.

Signs and Symptoms

The neuropsychiatric symptoms, also known as behavioural and psychological symptoms of dementia, are the signs and symptoms of dementia. Agitation, restlessness, inappropriate behaviour, sexual disinhibition, and verbal or physical aggressiveness are examples of behavioural symptoms [1]. Impaired cognitive inhibition may be the cause of these symptoms.

Depression, psychotic hallucinations and delusions, apathy, and anxiety are all examples of psychological symptoms. Memory, visuospatial function, which affects perception and direction, language, attention, and problem solving are the most typically affected areas [2].

The rate at which symptoms progress is variable across dementia subtypes and occurs on a continuum spanning various stages. Most varieties of dementia advance slowly, with some brain damage evident long before symptoms appear. Other illnesses, such as high blood pressure or diabetes, are frequently present, and there can be as many as four of these comorbidities.

Diagnosis

Symptoms are similar among dementia kinds, making it challenging to diagnose dementia only on the basis of symptoms. Brain scanning techniques may help in diagnosis. In many cases, a brain biopsy is required to confirm the diagnosis, but this is rarely advised (though it can be performed at autopsy). General screening for cognitive impairment *via* cognitive testing or early diagnosis of dementia has not been found to enhance outcomes in persons who are getting older

[3]. Screening checks, on the other hand, are beneficial for people aged 65 and up who have memory problem.

Prevention

In 2020, the number of dementia-related risk factors was expanded from nine to twelve. Overconsumption of alcohol, traumatic brain injury, and air pollution are the three new hazards. Lower levels of education, high blood pressure, hearing loss, smoking, obesity, depression, inactivity, diabetes, and inadequate social contact are the other nine risk factors. Many of the risk factors identified, such as low educational attainment, smoking, physical inactivity, and diabetes, are controllable [4]. Several of the individuals in the group have known vascular risk factors that can be lowered or removed. In people in their late forties and fifties, managing these risk factors can minimise the chance of dementia. A decrease in a few of these risk variables may result in a favourable outcome.

Management

Treatment options for dementia are limited, with the majority of therapies focusing on controlling or lowering individual symptoms [5]. There are no treatments available to prevent dementia from developing. Acetylcholinesterase inhibitors are frequently used early in the course of the illness, but the benefit is usually minor. Agitation, sleep problems, violence, and/or psychosis may be experienced by more than half of patients with dementia.

The goal of treatment for these symptoms is to alleviate the person's suffering while also keeping them safe. For agitation and violence, treatments other than medicine appear to be more effective [6]. It's possible that cognitive and behavioural therapies would be beneficial.

According to some data, education and support for people with dementia, as well as caregivers and family members, improves outcomes. Some study suggests that palliative care measures can aid patients with severe dementia and their families, but there isn't much evidence to back this up. Exercise programmes can help with activities of daily life and may even help dementia sufferers [7]. The second most frequent type of dementia, vascular dementia, accounting for at least 20% of all

dementia cases. It's caused by an illness or injury that affects the brain's blood supply, usually in the form of a succession of mini-strokes [8]. The symptoms of this dementia are determined by the location of the strokes in the brain and the size of the blood vessels involved [9]. Multiple injuries can lead to gradual dementia over time, whereas a single damage to a vital area for cognition, such as the hippocampus or thalamus, might result in a precipitous deterioration in cognition. All varieties of dementia can have vascular dementia-like symptoms [10].

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