<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnosia</td>
<td>Dementia can cause people to see or hear things that are not there, but more often if a person talks about things that aren’t there it is because he has misinterpreted sights or sounds in the environment, such as shadows, mirrors, patterns on the carpet, or noise from the television.</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>Alzheimer's disease is the most common cause of dementia. It was first described by the German neurologist Alois Alzheimer, is a physical disease affecting the brain. During the course of the disease, 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells. People with Alzheimer's also have a shortage of some important chemicals in their brains. These chemicals are involved with the transmission of messages within the brain. Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe. People in the early stages of Alzheimer's disease may experience lapses of memory and have problems finding the right words. As the disease progresses, they may:</td>
</tr>
<tr>
<td></td>
<td>• become confused, and frequently forget the names of people, places, appointments and recent events</td>
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<tr>
<td></td>
<td>• experience mood swings. They may feel sad or angry. They may feel scared and frustrated by their increasing memory loss</td>
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<tr>
<td></td>
<td>• become more withdrawn, due either to a loss of confidence or to communication problems. As the disease progresses, people with Alzheimer's will need more support from those who care for them. Eventually, they will need help with all their daily activities.</td>
</tr>
</tbody>
</table>

[adapted from Alzheimer's Society website]

<table>
<thead>
<tr>
<th>Alzheimer's Society</th>
<th>The Alzheimer's Society is the UK's leading care and research charity for people with dementia and those who care for them. The Alzheimer's Society was formed back in 1979, when two people with extensive experience of caring for loved ones with dementia discussed the pressing need to raise awareness of dementia and to improve the quality of care, support and information for people with dementia and their carers. This led to the creation of the 'Alzheimer's Disease Society', and the first branches were established in Oxford and Bromley in 1980 and 1981 respectively. Through the eighties and nineties the Society continued to grow, with volunteer committees establishing branches across England, Wales and Northern Ireland. At the AGM in 1999 members of the Society agreed the change of name to 'Alzheimer's Society'. By 2003 the Society was a £30million organisation, with over 250 branches across England, Wales and Northern Ireland.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterograde amnesia</td>
<td>The short-term memory loss commonly associated with dementia.</td>
</tr>
<tr>
<td>Antioxidants</td>
<td>Antioxidants are substances or nutrients in our foods which can prevent or slow the</td>
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</tbody>
</table>
oxidative damage to our body. When our body cells use oxygen, they naturally produce free radicals (by-products) which can cause damage. Antioxidants act as "free radical scavengers" and hence prevent and repair damage done by these free radicals.

Health problems such as heart disease, macular degeneration, diabetes, cancer are all contributed by oxidative damage. Indeed, a recent study conducted by researchers from London found that 5 servings of fruits and vegetables reduce the risk of stroke by 25 percent. Antioxidants may also enhance immune defense and therefore lower the risk of cancer and infection.

Antioxidants also lower the risk of dementia.

Click here to see a list of foods that contain antioxidants.

Aphasia

Dysphasia, or aphasia, is impairment in communication. It's caused by damage to the part of the left side of the brain, which is responsible for language and communication.

Apraxia

(Or Dyspraxia) A neurological disorder characterized by loss of the ability to execute or carry out learned purposeful movements, despite having the desire and the physical ability to perform the movements.

Aricept

Aricept (donepezil hydrochloride), produced by Eisai and co-marketed with Pfizer, was the first drug to be licensed in the UK specifically for Alzheimer's disease.

Aromatherapy

Aromatherapy is the therapeutic use of essential oils derived from plants. The oils are generally:

- Applied directly to the skin, often accompanied by massage
- Heated in an oil burner to produce a pleasant odour
- Placed in a bath.

The oils are concentrated and should be used according to instructions - they should be diluted before being applied to the skin, for example.

Research funded by the Mental Health Foundation in 2000 highlighted the potential benefits of aromatherapy, specifically the use of melissa officinalis, or lemon balm, in the treatment of Alzheimer's disease. Researchers at Newcastle University's Medicinal Plant Research Centre believe that lemon balm may help prevent the loss of the key brain chemical acetylcholine. The loss of this chemical is one of the changes associated with Alzheimer's. Lemon balm may then work in the same way as the first generation of drugs for Alzheimer's disease, Aricept and Exelon.

This research suggests that aromatherapy may have a more specific role in the treatment of Alzheimer's than aiding relaxation. It highlights the need for further research.

See Massage for the effects of aromatherapy used in conjunction with massage.

[adapted from Alzheimer's Society website]
**Blood cholesterol levels**

Cholesterol is one of the body's fats (lipids). Cholesterol and another lipid, triglyceride, are important building blocks in the structure of cells and are also used in making hormones and producing energy.

To some extent, the cholesterol level in blood depends on what you eat, but it is mainly dependent on how the body makes cholesterol in the liver.

Having too much cholesterol in the blood is not a disease in itself, but can lead to the hardening and narrowing of the arteries (atherosclerosis) in the major vascular systems.

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**Bradford Dementia group**

Based in the University of Bradford, the Bradford Dementia Group works with practitioners and professionals to improve the quality of life and quality of care for people with dementia and their families. Established in 1992, it is a multi-disciplinary and multi-professional group committed to making a difference to policy and practice in dementia care, through excellence in research, education and training.

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**Bright light therapy**

The hormone melatonin, released by the pineal gland and considered important in regulating sleeping behaviour, has been cited as a beneficial supplement for patients with sleep disturbances.

Sleep disorders and disruptive nocturnal behaviour associated with dementia present a significant clinical problem. A characteristic pattern of sleep disturbance referred to as 'sundowning' has been described. This shows itself in increased arousal and activity, usually in the late afternoon, evening or night and is a cause of increased stress for carers.

There is considerable theoretical evidence to support the use of melatonin as a treatment for sleep disturbance associated with dementia. Melatonin is a hormone implicated in the control of the sleep-wake cycle. It is stimulated during darkness and suppressed by light. While the effects of melatonin have been extensively studied in animals, there is growing evidence that melatonin is also involved in the regulation and control of sleep and waking patterns in humans. Dementia appears to disturb these patterns.

One small but well conducted study evaluated the effect of bright light therapy in combination with melatonin or a placebo on restless behaviour. Bright light therapy was found to help restless behaviour, but the addition of melatonin negated the effect. Further research in the use of bright light therapy is necessary. A review found evidence to support the use of light therapy from four small studies, but again with calls for replication of the findings.

[adapted from Alzheimer's Society website]

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**Care in the community**

Care that is provided for people with dementia in their local communities such as day centres, meals on wheels and domiciliary care.

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**Cognitive (abilities)**

Cognitive abilities are the brain-based skills and mental processes that are needed to carry out any task - from the simplest to the most complex. Every task can be broken down into the different cognitive skills that are needed to complete that task successfully.
| **Commission for Social Care Inspection (CSCI)** | The Commission for Social Care Inspection (CSCI) was established under the Health and Social Care Act 2003, and became operational on 1 April 2004. Incorporating the work of the former Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission (NCSC), the CSCI became the single independent inspectorate for social care in England. The remit of the CSCI included the regulation, review and inspection of all social care services in adult and children’s services in the public, private and voluntary sectors. On 31 March 2009 the Commission for Social Care Inspection was incorporated into the Care Quality Commission, which is now the new health and social care regulator for England. |
| **Community mental health nursing** | Providing treatment and rehabilitation for people, who have a mental illness, in their local community. |
| **Compulsive behaviour** | The behaviour of performing an act persistently and repetitively without it leading to reward or pleasure. This may be as simple as ritualistically washing your hands with great frequency even when they are clean or eating much more food than your body needs. |
| **Creutzfeldt-Jakob Disease (CJD)** | Creutzfeldt-Jakob disease (CJD) is the best known of a group of diseases called prion disease, which affect a form of protein found in the central nervous system and cause dementia. It was first reported by two German doctors (Creutzfeldt and Jakob) in 1920, although it has been well recognised in animals for centuries. Prion disease is extremely rare and accounts for less than 0.1 per cent of all cases of dementia. CJD makes up eighty per cent of instances of prion disease, usually in people aged 60-65 years old. There are also two extremely rare inherited prion diseases: Gerstmann-Straussler-Scheinker disease (GSS) and fatal familial insomnia (FFI). Symptoms: |
| | • Early symptoms include minor lapses of memory, mood changes and loss of interest. |
| | • Within weeks, an infected person may complain of clumsiness and feeling muddled, become unsteady in walking, and exhibit slow or slurred speech. |
| | • The symptoms progress to jerky movements, shakiness, stiffness of limbs, incontinence and the loss of the ability to move or speak. By this stage, the person is unlikely to be aware of their surroundings or disabilities. Eventually the person will need full nursing care. |
| **Delirium** | Delirium is an acute and relatively sudden (developing over hours to days) decline in attention-focus, perception, and cognition. |
| **Dementia** | Dementia is a syndrome (a group of related symptoms) that is associated with a progressive decline in mental functions and abilities. For example: |
| | • memory, |
| | • thinking, |
| | • language, |
| | • understanding, and |
| | • judgement. |
People with dementia may also have problems controlling their emotions, experience changes in their personality, and behave inappropriately in social situations.

Most cases of dementia are caused by damage to the structure of the brain.

**How common is dementia?**

Dementia is a common condition. For example, in England, there are currently over half a million people living with dementia, and that number is expected to double over the next 30 years.

Most cases of dementia develop in people who are 65 years of age, or over. You are also more likely to develop dementia the older you are.

**Types of dementia**

There are many different types of dementia. The most common types of dementia are listed below.

- **Alzheimer’s disease** - where small clumps of protein, known as plaques, begin to develop around brain cells, disrupting the normal workings of the brain.
- **Vascular dementia** - where underlying problems with blood circulation result in parts of the brain not receiving enough blood and oxygen.
- **Dementia with Lewy bodies** - where abnormal structures, known as Lewy bodies, begin to develop inside the brain.
- **Frontotemporal dementia** - where parts of the brain, known as the frontal and temporal lobes, begin to shrink. Unlike other types of dementia, frontotemporal dementia usually develops in people who are under 65 years of age. It is also much rarer than other types of dementia.

[adapted from NHS Choices website]

**Dementia care mapping**

Dementia Care Mapping is a tool developed by the late Professor Tom Kitwood, and Kathleen Bredin in the late 1980s and was designed to assess quality of care from the perspective of the person with dementia. In 1992 the Bradford Dementia Group began delivering training courses in use of the method and since then undertaking training in the method has become increasingly popular with those working with people with dementia from many professional backgrounds.

Dementia Care Mapping (DCM) is a method designed to evaluate quality of care from the perspective of the person with dementia. It is used in formal care settings such as hospitals, care homes and day care. It is based on the philosophy of person centred care, which promotes a holistic approach to care that upholds the personhood of the person with dementia.

The process of using DCM involves briefing staff and clients about DCM in the area to be mapped, observing a number of people with dementia over a period of time and recording information about their experience of care, analysing and interpreting the data and then feeding it back to staff. This information is then used to draw up an action plan to bring about change and improvements.

DCM has also been used as a focus for staff training and development and as an aid to care planning. It is increasingly being used internationally with people from...
24 countries trained in the method worldwide. DCM is a complex and powerful tool and for this reason training in the method is only available from Bradford Dementia Group approved trainers who have undergone a rigorous preparation for this role.

**Dementia with Lewy bodies**

Dementia with Lewy bodies (DLB) is a form of dementia that shares characteristics with both Alzheimer’s and Parkinson’s diseases. It accounts for around four per cent of all cases of dementia in older people. Dementia with Lewy bodies is sometimes referred to by other names, including Lewy body dementia, Lewy body variant of Alzheimer’s disease, diffuse Lewy body disease, cortical Lewy body disease and senile dementia of Lewy body type. All these terms refer to the same disorder. This factsheet outlines the symptoms of DLB, how it is diagnosed and how it is treated.

DLB appears to affect men and women equally. As with all forms of dementia, it is more prevalent in people over the age of 65. However, in certain rare cases people under 65 may develop DLB.

- They may experience problems with attention and alertness, often have spatial disorientation and experience difficulty with ‘executive function’, which includes difficulty in planning ahead and co-ordinating mental activities. Although memory is often affected, it is typically less so than in Alzheimer’s disease.
- They may also develop the symptoms of Parkinson’s disease, including slowness, muscle stiffness, trembling of the limbs, a tendency to shuffle when walking, loss of facial expression, and changes in the strength and tone of the voice.

There are also symptoms that are characteristic of DLB. In addition to the symptoms above, a person with DLB may:

- experience detailed and convincing visual hallucinations (seeing things that are not there), often of people or animals
- find that their abilities fluctuate daily, or even hourly
- fall asleep very easily by day, and have restless, disturbed nights with confusion, nightmares and hallucinations
- faint, fall, or have ‘funny turns’.

[adapted from Alzheimer’s Society website]

**Depersonalising care**

An approach to care that deprives people of their sense of personal identity. Depersonalising care can be seen as the opposite of person-centred care.

**Depression/withdrawal**

It is quite common for people with dementia to become depressed or withdrawn, but this is not usually a direct symptom of the condition. More often it results from the person finding it difficult to cope with their symptoms, feeling isolated, feeling out of control of their lives, or having no opportunity to use their remaining strengths.

**Disinhibition/disinhibited**

People with dementia may have a lowered ability to regulate their speech and behaviour. This can be a fairly common symptom of dementia.

**Disorientation in space (spatial disorientation)**

It can be quite common for a person with dementia to feel lost even in very familiar surroundings. Following his wife around also indicates that he is probably feeling insecure, both because he is not sure where he is, and also because his poor short-term memory does not enable him to remember where his wife is unless he has her in his sight.

**Disorientation in time**

People with dementia frequently experience a different reality, such as believing they are in a different time and place. This is, in part, due to memory problems, but it may also indicate the person’s needs – for example, 30 years ago this woman may have been leading an active, fulfilling life, and her belief that she is back in that time tells us that she needs more activity and fulfilment in her present-day life.
Down's syndrome and dementia

About 20 per cent of people with a learning disability have Down's syndrome, and people with Down's syndrome are at particular risk of developing dementia. Figures from one study suggest that the following percentages of people with Down's syndrome have dementia:

- 30-39 years 2 per cent
- 40-49 years 9.4 per cent
- 50-59 years 36.1 per cent
- 60-69 years 54.5 per cent.

Studies have also shown that virtually all people with Down's syndrome develop the plaques and tangles in the brain associated with Alzheimer's disease, although not all develop the symptoms of Alzheimer's disease. The reason for this has not been fully explained. However, research has shown that amyloid protein found in these plaques and tangles is linked to a gene on chromosome 21. People with Down's syndrome have an extra copy of chromosome 21, which may explain their increased risk of developing Alzheimer's disease.

[adapted from Alzheimer's Society website]

Drug treatments for Alzheimer's disease

There are two main types of drugs used to treat Alzheimer's disease. Aricept, Exelon and Reminyl all work in a similar way, and are known as acetylcholinesterase inhibitors. Ebixa works in a different way to the other three.

- Aricept (donepezil hydrochloride), produced by Eisai and co-marketed with Pfizer, was the first drug to be licensed in the UK specifically for Alzheimer's disease.
- Exelon (rivastigmine), produced by Novartis Pharmaceuticals, was the second drug licensed in the UK specifically for Alzheimer's disease.
- Reminyl (galantamine) was co-developed by Shire Pharmaceuticals and the Janssen Research Foundation. Originally derived from the bulbs of snowdrops and narcissi, it was the third drug licensed in the UK specifically for Alzheimer's disease.
- Ebixa (memantine) is produced by Merz and marketed in Europe by Lundbeck. It is the newest of the Alzheimer’s drugs.

Dysphagia

Dysphagia is the medical term for the symptom of difficulty in swallowing.

Dysphasia

Dysphasia, or aphasia, is impairment in communication. It's caused by damage to the part of the left side of the brain, which is responsible for language and communication.

Dyspraxia

(Or Apraxia) A neurological disorder characterized by loss of the ability to execute or carry out learned purposeful movements, despite having the desire and the physical ability to perform the movements.

Ebixa

Ebixa (memantine) is produced by Merz and marketed in Europe by Lundbeck. It is the newest of the Alzheimer's drugs.

Empathise/Empathy

To emphasise or show empathy is the capability to share your feelings and understand another's emotions and feelings. It is the ability to "put oneself into another's shoes," or in some way experience what the other person is feeling.
**Epilepsy/Epileptic seizures**

Epilepsy is a neurological condition. This means it affects the brain and nervous system. Seizures can affect all or part of the brain. Areas of the brain called the temporal, occipital or frontal lobe are commonly affected. Epileptic seizures are defined as sudden changes in the electrical functioning of the brain, resulting in altered behaviours. These usually happen in the cortex, or outside rim of the brain. An epileptic seizure has a definite beginning, middle, and end. It is thought to be the result of a brain injury, infection, heredity, or just idiopathic, or with no known cause.

*Early Symptoms (auras or warnings)*

- unusual smell, sound, taste, or visual perception
- fear/panic
- dizziness, headache, lightheadedness, nausea, numbness
- sometimes no warnings

*Seizure Symptoms*

- confusion, loss of consciousness, spaceyness
- visual, smelling, and/or hearing difficulties
- twitching, shaking, stiffening, tongue biting, incontinence, falling, drooling, eyelid fluttering

**Exacerbate**

To exacerbate the symptoms of dementia is to increase the severity of the symptoms.

**Exelon**

Exelon (*rivastigmine*), produced by Novartis Pharmaceuticals, was the second drug licensed in the UK specifically for Alzheimer’s disease.

**Expressive communication difficulties**

Difficulties a person with dementia may have making themselves understood.

**Fluctuations**

People with dementia often experience fluctuations in symptoms, that is they experience periods where the symptoms become more acute and others where they are not so noticeable.

**Frontotemporal dementia**

The term ‘fronto-temporal dementia’ covers a range of conditions, including Pick’s disease, frontal lobe degeneration, and dementia associated with motor neurone disease. All are caused by damage to the frontal lobe and/or the temporal parts of the brain. These areas are responsible for our behaviour, emotional responses and language skills.

Damage to the frontal and temporal lobe areas of the brain causes a variety of different symptoms. Each person will experience the condition in his or her own individual way, but there are some symptoms commonly experienced by people with the condition.

Typically, during the initial stages of fronto-temporal dementia, the person’s memory is still intact but their personality and behaviour changes. People with fronto-temporal dementia may:

- lack insight, and lose the ability to empathise with others. This can make...
them appear selfish and unfeeling
- become extrovert when they were previously introverted, or withdrawn when they were previously outgoing
- behave inappropriately - for example, making tactless comments, joking at the 'wrong' moments, or being rude.
- lose their inhibitions - for example, exhibiting sexual behaviour in public
- become aggressive
- be easily distracted
- develop routines - for example, compulsive rituals.

The person with fronto-temporal dementia may also experience language difficulties, including:

- problems finding the right words
- a lack of spontaneous conversation
- circumlocution, using many words to describe something simple
- a reduction in or lack of speech.

<table>
<thead>
<tr>
<th>Genetic defect/Genetics and dementia</th>
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<tbody>
<tr>
<td>The basic material of inheritance, DNA, is passed on from our natural parents in the form of genes. Genes are delivered in packages called chromosomes, which are long chains of genetic instructions.</td>
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</tbody>
</table>

It can be helpful to think of DNA as being the letters of the alphabet, with genes as the words. These words have a biological meaning within our bodies. Sometimes the letters that make up the words are changed, and this then affects their meaning. These effects could be subtle, or could change the biological meaning completely. Both these types of effect are observed with the genes that contribute to the risk of developing dementia.

It is important to note that genes that cause major changes to biological meaning are extremely rare. The majority of dementia results from the combination of many genes that have only subtle effects on biological meaning. These effects may also be influenced by the way we live our lives.

Genes are found on chromosomes. We all inherit 23 pairs of chromosomes. One half of each pair comes from each parent. There are just fewer than 20,000 genes in the human genome. It is difficult to say just how many of these will influence one's risk of developing dementia, but it could be over a hundred.

If a parent has dementia, their illness is most likely due to a combination of many genes working together with lifestyle factors. It is unlikely that the child of this parent would inherit all the disease susceptibility genes, although the risk of disease is slightly increased compared to someone without a relative with dementia.

<table>
<thead>
<tr>
<th>Hallucinations</th>
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<tr>
<td>Some people with dementia may experience hallucinations and/or delusions. Not everyone with dementia will be affected in this way, and not everyone who has these problems has dementia. It is important to remember that there are different types of hallucinations. Recent research shows that they are not as common in dementia as once thought.</td>
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<table>
<thead>
<tr>
<th>Huntington's Disease</th>
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<tr>
<td>Huntington's disease (also referred to in more formal medical research as Huntington Disease) is an hereditary neurological disorder of the central nervous system that causes progressive degeneration of cells in the brain, slowly impairing a</td>
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</tbody>
</table>
person's ability to walk, think, talk and reason.

It was first described in 1872 by an American doctor, George Huntington, who studied an extended family in Long Island affected by the condition.

Symptoms develop gradually over months or years. The age at which they first appear is usually between about 30 and 50.

However, in about 5% of cases Huntington's disease becomes apparent before the age of 20 (in this situation, referred to as juvenile-onset Huntington's Disease, it is usually inherited from the father). The onset and rate of progression of the disease tends to follow a pattern within each family.

Symptoms begin with memory loss (especially of recent events) or confusion, changes in personality and mood that may include aggressive and antisocial behaviour, as well as clumsiness or uncontrolled muscle movements (these movements are known as chorea) and rigidity.

As the condition progresses, other symptoms of dementia appear, such as loss of rational thought and poor concentration. Involuntary movements, difficulties with speaking and swallowing, weight loss, seizures, depression and anxiety may also occur.

The disease often progresses slowly, and the affected person may live for 15 to 20 years after the initial diagnosis.

<table>
<thead>
<tr>
<th>Incontinence</th>
<th>Usually, 'having accidents' is an indirect result of other symptoms of dementia or disabilities – for example, forgetting where the toilet is, or not being able to unfasten clothing. The environment often contributes to these 'accidents' too. For example, if the door to the toilet looks like every other door, the person will receive no clues to compensate for their memory problems. As dementia progresses, the brain can fail to recognise a full bladder. The person may not realise that they need to go to the toilet, and will possibly have no awareness that urination or defecation is occurring.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insight</td>
<td>The ability to grasp the inward or hidden nature of things or to perceive in an intuitive manner.</td>
</tr>
</tbody>
</table>
| Korsakoff's syndrome | Korsakoff's syndrome is a brain disorder usually associated with heavy alcohol consumption over a long period. Sometimes it is referred to as 'alcohol amnestic syndrome' – 'amnestic' meaning loss of memory – although in rare cases alcohol is not the cause. Although Korsakoff's syndrome is not strictly speaking a dementia, people with the condition experience loss of short-term memory.

Korsakoff's syndrome is caused by lack of thiamine (vitamin B1), which affects the brain and nervous system. Thiamine deficiency is often seen in people who consume excessive amounts of alcohol. This is because:

- Many heavy drinkers have poor eating habits. Their nutrition is inadequate, and does not contain essential vitamins.
- Alcohol can inflame the stomach lining and impede the body's ability to absorb the key vitamins it receives.

Korsakoff's syndrome may also occur in other conditions where there is severe malnutrition, but this is extremely rare in the UK. |
### Less common dementias

There are many other rarer diseases that cause dementia, including:

- Korsakoff’s syndrome (a brain disorder usually associated with heavy alcohol consumption over a long period),
- HIV and AIDS (people with HIV and AIDS sometimes develop cognitive impairment - particularly in the later stages of their illness),
- Creutzfeldt-Jakob disease (the best known of a group of diseases called prion disease, which affect a form of protein found in the central nervous system and cause dementia).

### Lobes (of the brain)

There are four principal lobes of the brain, each responsible for a different function:

1. **Frontal lobe** — conscious thought; damage can result in mood changes
2. **Parietal lobe** — plays important roles in integrating sensory information from various senses, and in the manipulation of objects;
3. **Occipital lobe** — sense of sight; lesions can produce hallucinations
4. **Temporal lobe** — senses of smell and sound, as well as processing of complex stimuli like faces and scenes.

### Massage

There are many different types and schools of massage in existence, but common to them all is the tactile manipulation of the body’s soft tissue using the direct contact of the practitioner.

There is some evidence that aromatherapy - either alone or in combination with massage - is effective in helping people with dementia to relax. One trial compared aromatherapy and massage, aromatherapy and conversation, and massage only. It found that excessive ‘wandering’ could be reduced by aromatherapy and massage in combination.

### National Dementia Strategy

In 2009 the government published the first ever National Dementia Strategy, which sets out a series of actions that the government hopes will transform dementia care services in the UK. The strategy aims to improve dementia services across three major dimensions:

- raising awareness and understanding;
- early diagnosis and support; and
- living well with dementia.

### Occupational Therapist

An occupational therapist (OT) is a health professional who is trained in the practice of occupational therapy. The role of an occupational therapist is to work with a client to help them achieve a fulfilled and satisfied state in life through the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence.

### Parkinson’s Disease/Parkinsonian

Parkinson’s disease (PD) is a chronic (persistent) disorder of part of the brain. It is named after the doctor who first described it. It mainly affects the way the brain coordinates the movements of the muscles in various parts of the body.

PD mainly develops in people over the age of 50. It becomes more common with increasing age. About 5 in 1000 people in their 60s, and about 20 in 1000 people in their 80s have PD. It affects both men and women. Rarely, it develops in people
under the age of 50. PD is not usually inherited, and it can affect anyone. However, genetic (hereditary) factors may be important in the small number of people who develop the disease before the age of 50.

A small part of the brain called the substantia nigra is mainly affected. This area of the brain sends messages down nerves in the spinal cord to help control the muscles of the body. Messages are passed between brain cells, nerves, and muscles by chemicals called neurotransmitters. Dopamine is the main neurotransmitter that is made by the brain cells in the substantia nigra.

If you have PD, a number of cells in the substantia nigra become damaged and die. The cause of this is not known. Over time, more and more cells become damaged and die. As cells are damaged, the amount of dopamine is also reduced. A combination of the reduction of cells and a low level of dopamine in the cells in this part of the brain causes nerve messages to the muscles to become slowed and abnormal.

The brain cells and nerves affected in PD normally help to produce smooth, co-ordinated movements of muscles. Therefore, three common symptoms that gradually develop are:

- **Slowness of movement** (bradykinesia). For example, it may become more of an effort to walk or to get up out of a chair. When this first develops you may mistake it as just ‘getting on in years’. The diagnosis of PD may not become apparent unless other symptoms occur. In time, a typical walking pattern often develops. This is a ‘shuffling’ walk with some difficulty in starting, stopping, and turning easily.
- **Stiffness of muscles** (rigidity), and muscles may feel more tense. Due to the stiffness, it may become difficult to do everyday tasks such as tying laces or buttoning shirts. The arms do not tend to swing as much when you walk.
- **Shaking** (tremor) is common, but does not always occur. It typically affects the fingers, thumbs, hands, and arms, but can affect other parts of the body. It is most noticeable when you are resting. It may become worse when you are anxious or emotional. It tends to become less when you use your hand to do something such as picking up an object.

<p>| <strong>Paranoia</strong> | It can be quite common for a person with dementia to make accusations. Usually this is the result of the struggle to come to terms with loss of memory and the fear of being taken advantage of. People often rationalise losing things by blaming family members or thieves if they cannot remember where they have left things. |
| <strong>Perseveration</strong> | (Or repetition) People with dementia often repeat themselves because they have forgotten having already said something. It may also be that what the woman is saying or asking has particular significance for her, and perhaps she feels that she has not been listened to or given the response that she needed. Repetition can also occur as a direct symptom of dementia, when the person will become ‘stuck’ on a particular word or phrase and find themselves unable to move on to the next word. |
| <strong>Person-centred care</strong> | Person-centred care aims to maintain the personhood of individuals with dementia. Tom Kitwood (1997) described personhood as: “A standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust.” |
| <strong>Physiotherapy</strong> | The treatment of disease or injury by physical means, such as massage or exercises, rather than by drugs. |
| <strong>Polyunsaturated fatty</strong> | Polyunsaturated fatty acid food sources include soybean, sunflower, fish and corn |</p>
<table>
<thead>
<tr>
<th><strong>acids</strong></th>
<th>oils.</th>
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</thead>
<tbody>
<tr>
<td><strong>Prevalence/Prevalent</strong></td>
<td>The prevalence of a disease in a statistical population is defined as the total number of cases of the disease in the population at a given time, or the total number of cases in the population, divided by the number of individuals in the population. It is used as an estimate of how common a condition is within a population over a certain period of time.</td>
</tr>
<tr>
<td><strong>Progressive (condition)</strong></td>
<td>Dementia is a progressive condition which means that there is no cure for dementia and the symptoms become more severe over time.</td>
</tr>
<tr>
<td><strong>Prosopagnosia</strong></td>
<td>Difficulty in recognising faces can be quite a common symptom of dementia. This can be very stressful for the individual, as he may, for instance, mistake a family member for an unknown intruder. Sometimes a person may be more able to recognise someone by their voice or another aspect of their appearance, such as familiar clothing.</td>
</tr>
</tbody>
</table>
| **Psychometric test** | Psychometric tests give some quantifiable measurement that can indicate whether or not the person taking the test possesses certain aptitudes and abilities. They reveal information about skills, abilities and personality. There are two main types of psychometric test:  
- aptitude and ability tests  
- personality questionnaires |
| **Purge** | To cause evacuation of the bowels or vomiting. |
| **Receptive communication difficulties** | It is important to focus our attention not just on any difficulties a person with dementia may have expressing their feelings, desires and thoughts, but also on any ‘hidden’ difficulty they may experience with the receptive communication skill (understanding what is said). |
| **Relationship-centred approach** | This approach takes person-centred dementia care a step forward by outlining ways in which care homes can help make families partners in the caring process and support relatives who choose to be involved in the care of people with dementia living in a care home, as well as highlighting the value of this involvement. |
| **Reminyl** | Reminyl (galantamine) was co-developed by Shire Pharmaceuticals and the Janssen Research Foundation. Originally derived from the bulbs of snowdrops and narcissi, it was the third drug licensed in the UK specifically for Alzheimer's disease. |
| **Repetition** | (Or perseveration) People with dementia often repeat themselves because they have forgotten having already said something. It may also be that what the woman is saying or asking has particular significance for her, and perhaps she feels that she has not been listened to or given the response that she needed. Repetition can also occur as a direct symptom of dementia, when the person will become ‘stuck’ on a particular word or phrase and find themselves unable to move on to the next word. |
| **Saturated fat** | Fat is an essential part of the diet, but lots of people eat more fat than they need or is good for them. In particular, saturated fats are dangerous because they raise ‘bad’ cholesterol and can block up the arteries to the heart.  
‘Bad’ fats are saturated fats - hard fats found mainly in animal products such as red meat, butter and full-fat cheeses; and ‘trans-fats’ (fats that have been solidified by the process of hydrogenation) found in processed foods such as many margarines, biscuits, cakes and pies. These raise blood levels of harmful LDL (low-density lipoprotein) cholesterol. |
## Therapeutic methods

These are interventions for dementia that may neither be taught widely in medical schools, nor generally available in hospitals. Common therapies include: herbal medicine, aromatherapy and massage, music and dance therapy, acupuncture, dietary supplements and melatonin and bright light therapy.

## Tom Kitwood

Thomas (Tom) Kitwood (1937-1998) was a pioneer in the field of dementia care. He developed innovative research projects and training courses, challenging the "old culture of care". His aim was to understand, as far as is possible, what care is like from the standpoint of the person with dementia.

One of his major innovations was **Dementia Care Mapping**, an observational method for evaluating the quality of care in formal settings, which resulted from one of his first research projects. He was always interested and involved in research with the aim of following it through to practice. His book *Dementia Reconsidered: the person comes first* (1997) brought together all his work, developments and discoveries over the last 12 years.

## Vascular dementia

Vascular dementia is the second most common form of dementia after Alzheimer’s disease. It is a type of dementia caused by problems in the supply of blood to the brain. There are two main types of vascular dementia: one caused by stroke and one caused by small vessel disease.

Vascular dementia affects different people in different ways and the speed of the progression varies from person to person. Some symptoms may be similar to those of other types of dementia. However, people with vascular dementia may particularly experience:

- problems concentrating and communicating
- depression accompanying the dementia
- symptoms of stroke, such as physical weakness or paralysis
- memory problems (although this may not be the first symptom)
- a 'stepped' progression, with symptoms remaining at a constant level and then suddenly deteriorating
- epileptic seizures
- periods of acute confusion.

Other symptoms may include:

- hallucinations (seeing things that do not exist)
- delusions (believing things that are not true)
- walking about and getting lost
- physical or verbal aggression
- restlessness
- incontinence.

*[adapted from Alzheimer’s Society website]*