

Dementia

What is Dementia?

The term *dementia* refers to advanced cognitive deficits that impair normal functioning. It does not mean “crazy.” It comes from two Latin terms that roughly translate into “away” and “mind”. Dementia is a term used by healthcare professionals to describe a grouping of cognitive symptoms that can be experienced in a variety of diseases and disorders. “Cognitive impairment” becomes dementia when the person’s thinking and memory problems start to interfere with basic daily activities. Research has shown that 30-50% of people with PD will develop dementia. While many PD patients will complain of changes in their thinking and cognitive abilities, not all individuals will develop full-blown dementia. The behavioral consequences of dementia can be very difficult for the patient and his or her family. Patients may become confused, disoriented, and unable to be left alone. They may show signs of agitation, delusions, *mood* fluctuations, and increased impulsivity.

It is important to know the difference between the terms “dementia and *delirium*”, as these two conditions are often confused. The term delirium is related to a set of cognitive symptoms that involve a disturbance of *consciousness* with impaired alertness and attention. The person with delirium often will appear drowsy, and may fluctuate between periods of sleepiness and restlessness. Like the person with dementia, the delirious patient also shows symptoms of confusion, disorientation, and forgetfulness. Delirium can be caused by medical illnesses such as pneumonia, urinary tract infections, malnutrition, dehydration, fever, or reactions to medications. An important distinguishing feature from dementia is that patients suffering from delirium often improve once the underlying condition has been treated. The dementia patient, in contrast, experiences these cognitive problems on a routine basis. Delirium also has rapid onset, often over the course of hours or days, while the onset of dementia is usually very gradual. Patients with dementia, however, are at higher risk of developing delirium than the average elderly person. (Please refer to chapter 4 for more information on delirium.)



Key Point: Many PD patients live in the community with mild levels of dementia. Typically, they can function well with assistance from a supportive spouse and /or caregiver.

What are the Risk Factors for Dementia?

Research has shown that there are a number of risk factors for dementia in PD, yet none directly cause dementia. Rather, the more of these factors are present, the higher the likelihood of developing dementia. These risk factors include:

- Increasing age
- Older age at PD onset
- Longer disease duration
- Family history of dementia
- Greater severity of motor symptoms
- Depression
- Hypertension (high blood pressure)
- Poor medication tolerance (ie; confusion or psychosis following administration of some medications)

What causes Cognitive Problems and Dementia?

The primary cause of memory and thinking problems in PD is *biological*, meaning that these problems are due to changes in the structure and chemistry of the brain. It is thought that the same process that causes death of *neurons* in the *substantia nigra* and produces the motor symptoms of PD is also responsible for related cognitive changes. The *substantia nigra* is part of a larger brain system called the basal ganglia, which controls motor function. The nerve pathways between the basal ganglia and the frontal lobes of the brain are also affected in PD. This damage may contribute to difficulties with problem-solving, initiation of behavior, and impulsivity that are very commonly reported by patients and family.

Excerpt from NPF Publication *Mind, Mood and Memory*

