ID-DIJANJOSI TAD-DIMENSJA

MALTESE | ENGLISH

Dan il-Fuljett ta' Għajnuna jagħti tagħrif dwar is-sinjali bikrin tad-dimensja, t-teknika użata biex issir id-dijanjosi tad-dimensja u l-importanza ta' dijanjosi bikrija u korretta.

X'inhuma s-sinjali bikrin tad- dimensja?

Billi il-marda li tikkawża d-dimensja tiżviluppa bil-mod is-sinjali bikrin jistgħu jkunu sottili ħafna u ma jkunux jidhru malajr. Is-sintomi bikrin jiddependu wkoll mit-tip ta' dimensja u jvarjaw ħafna minn persuna għall-oħra.

Sintomi bikrin komuni jinkludu:

- Problemi tal-memorja speċjalment biex jiftakru ġrajjiet riċenti
- Konfużjoni li tiżdied
- Tnaqqis fil-konċentrazzjoni
- Tibdil fil-personalità jew fl-imġiba
- Apatija u rtirar jew dipressjoni
- Telfien tal-kapaċità biex jagħmlu xogħlijiet ta' kuljum

Kultant in-nies ma jintebħux li dawn is-sintomi jindikaw li xi ħaġa mhijiex f'postha. Jistgħu b'mod żbaljat jassumu li mġiba bħal dik hija parti normali tal-proċess tax-xjuħija. Inkella s-sintomi jistgħu jiżviluppaw gradwalment u ma jkunux innotati għal żmien twil. Kultant xi wħud ma jkunux iridu jaġixxu wkoll meta jkunu jafu li xi ħaġa mhijiex sewwa.

Għal persuna li jkollha dawn is-sintomi, n-natura stess tat-tibdiliet fil-moħħ tista' tfisser li l-persuna mhiex kapaċi tirrealizza li hemm it-tibdil.

Sinjali ta' twissija

Din hija lista biex tiċċekkja s-sintomi komuni tad-dimensja. Imxi mal-lista u mmarka s-sintomi li jeżistu. Jekk tniżżel ħafna marki, kellem tabib biex jassessjak sewwa.

☐ **Telfien tal-memorja li jaffettwa l-funzjonament ta' kuljum**

Huwa normali li kultant tinsa l-appuntamenti u tiftakarhom aktar 'l quddiem. Persuna bid-dimensja tista' tinsa l-affarijiet iktar ta' sikwit jew ma tiftakarhom qatt.

☐ **Diffikultà biex tagħmel xogħlijiet familjari.**

In-nies jistgħu jkunu distratti u jistgħu jinsew iservu parti mill-ikla. Persuna bid-dimensja jista' jkollha diffikultà bil-passi kollha meħtieġa biex tħejji ikla.

☐ **Konfużjoni fil-ħin u l-post**

Persuna bid-dimensja jista' jkollha diffikultà biex issib t-triq lejn post familjari jew tkun konfuża dwar fejn qegħda jew taħseb li qegħda lura fi żmien mgħoddi ta' ħajjitha.

☐ **Problemi bil-lingwa**

Kultant kulħadd ikollu diffikultà biex isib il-kelma eżatta, iżda persuna bid-dimensja tista' tinsa il-kliem ħafif jew iddaħħal minflokhom kliem li ma joqgħodx u jkun diffiċli biex tifhimhom. Jista' jkun ukoll li jsibu diffiċli li jifhmu lill-oħrajn.

☐ **Problemi bil-ħsebijiet astratti**

L-immaniġġar tal-finanzi jista' jkun tqil għal kulħadd iżda persuna bid-dimensja tista' ssibha bi tqila biex tkun taf xi jfissru n-numri u x'tagħmel bihom.

☐ **Ġudizzju fqir jew nieqes**

Ħafna attivitajiet jinħtieġu ġudizzju tajjeb. Meta din il-kapiċità tkun affetwata mid-dimensja l-persuna jista' jkollha diffikultà biex tagħmel deċiżjonijiet xierqa, bħal x'tilbes f'temp kiesaħ.

☐ **Problemi bil-kapaċitajiet spazjali**

Persuna bid-dimensja ssibha diffiċli biex tikkalkula d-distanza jew id-direzzjoni meta tkun qegħda ssuq.

☐ **Problem bit-telf tal-oġġetti**

Kulħadd jista' jitlef għal ftit il-kartiera jew iċ-ċwievet. Persuna bid-dimensja tista' tqiegħed spiss l-oġġetti f'postijiet mhux addattati.

☐ **Bidliet fil-buri, fil-personalità jew l-imġiba**

Kulhadd ikun imdejjaq jew bil-buri minn żmien għal żmien. Dawk bid-dimensja jistghu jibdlu l-buri malajr għall-ebda raġuni apparenti. Jistgħu jsiru konfużi, suspettużi jew irtirati fihom nfushom. Xi wħud jistgħu ma jibqgħux jistħu jew isiru jitkellmu iktar.

☐ **Telfien tal-inizjattiva**

Huwa normali li tiddejjaq minn xi attivitajiet. Madankollu d-dimensja tista' ġġiegħel persuna titlef l-interess f'attivitajiet li qabel kienet tieħu gost tagħmel.

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Dan il-fuljett ta' għajnuna huwa ffinanzjat mill-Gvern Awstraljan

Tista' ma tkunx dimensja

Ftakar li ħafna kundizzjonijiet għandhom sintomi jixbhu lil dawk tad-dimensja, għalhekk tassumix li xi ħadd ikollu d-dimensja għax ikollu xi ftit mis-sintomi msemmija hawn fuq. Puplesiji, d-dipressjoni, l-alkoholiżmu, l-infezzjonijiet, id-diżordnijiet tal-ormoni, nuqqas ta' nutrizzjoni u t-tumuri tal-moħħ jistgħu kollha jkollhom sintomi bħal tad-dimensja. Ħafna minn dawn il-kundizzjonijiet jistgħu jkunu kkurati.

Dijanjosi korretta hija importanti

Huwa importanti li t-tabib ikun kkonsultat fi stadju bikri. Tabib biss jista' jagħmel dijanjosi tad-dimensja. Assessjar mediku komplit jista' jidentifika kundizzjoni li tista' tkun ikkurata u jiżgura li tkun ikkurata b'mod korrett jew jikkonferma il-preżenza tad-dimensja.

Assessjar jista' jinkludi dan li ġej:

- Storja medika – it-tabib se jistaqsi dwar il-problemi medikali tal-imgħoddi u tal-preżent, l-istorja medika tal-familja, x'mediċini li qed jittieħdu, u l-problemi bil-memorja, bil-ħsieb jew bl-imġiba li jkunu jikkawżaw tħassib. It-tabib jista' jkun irid ukoll ikellem lil xi membru qarib tal-familja li jkun jista' jgħin biex tkun provduta l-informazzjoni neċessarja kollha.
- Ezami fiżiku – dan jista' jkun jinkludi testijiet tas-sensi u l-funzjonament tal-movimenti, kif ukoll il-funzjoni tal-qalb u l-pulmun biex jgħinu ħalli jkunu esklużi kundizzjonijiet oħra.
- Testijiet fil-laboratorju – li jinkludu varjetà ta' testijiet tad-demm u l-awrina biex tkun identifikata l-possibilta` ta' marda li tkun responsabbli għas-sintomi. F'xi każijiet jista' jkun meħud kampjun żgħir tal-fluwidu mis-sinsla biex ikun ittestjat.
- Test newropsikoloġiku jew konjittiv – jintużaw varjetà ta' testijiet biex ikunu assessjati Il-kapaċitajiet tal-ħsieb inklużi l-memorja, l-lingwa, l-attenzjoni u s-soluzzjoni tal-problemi. Dan jista' jgħin biex ikunu identifikati iz-zoni ta' problemi speċifiċi, li mbagħad jgħin biex jiddentifika l-kawża bażika jew t-tip ta' dimensja.
- Immaġni tal-moħħ – hemm ċerti skannijiet li jaraw l-istruttura tal-moħħ u li huma wżati biex jaqtgħu barra t-tumuri tal-moħħ jew demm magħqud fil-moħħ bħala raġuni għas-sintomi, u biex isibu in-nisġa tat-telf tat-tessuti tal-moħħ li tista' tagħmel differenza bejn it-tipi differenti ta' dimensja. Skannijiet oħra jaraw kemm huma attivi ċerti partijiet tal-moħħ u jistgħu jgħinu wkoll biex jagħżlu t-tip ta' dimensja.
- Assessjar psikjatriku - biex ikunu identifikati l-kundizzjonijiet li jistgħu jiġu kkurati bħad-dipressjoni li tista' tkun tixbah lid-dimensja u biex ikunu mmaniġjati s-sintomi psikjatriċi bħall-ansjetà jew id- delużjonijiet li jistgħu jkunu preżenti flimkien mad-dimensja.

Fejn tibda

L-aħjar post fejn tibda huwa mat-tabib tal-pazjent. Wara li jistudja s-sintomi u jordna t-testijiet bl-iskrining, it-tabib ikun jista' jagħmel dijanjosi preliminarja u idealment jirreferi l-persuna lejn speċjalista mediku bħal newrologu, ġerjatra jew psikjatra.

Xi wħud jistgħu ma jaqblux mal-idea li jmorru jaraw tabib. Xi drabi wħud ma jirrealizzawx li mhumiex f'sikkithom għax l-bidliet fil-moħħ li jsiru bid-dimensja jfixklu l-kapaċità li persuna tagħraf jew tapprezza it-tibdiliet li jkunu qegħdin isiru. Oħrajn, li jkollhom ħjiel tal-kundizzjoni tagħhom, jistgħu jkunu jibzgħu li jkollhom il-biża' tagħhom ikkonfermat. Wieħed mill-aħjar modi biex tingħeleb din il-problema huwa li tinstab raġuni oħra għal żjara lit-tabib. Forsi tissuġġerixxi biex tiċċekkja l-pressjoni tad-demm jew reviżjoni ta' xi kura jew kundizzjon li tkun ilha sejra għal żmien twil. Mod ieħor huwa li tissuġġerixxi li t-tnejn tkunu wasaltu biex ikollkom eżami fiżiku. Attitudni kalma f'dan iż-żmien tista' tgħin biex jingħelbu l-biża' u t-tħassib tal-persuna.

Jekk il-persuna tibqa' ma tridx tmur għand it-tabib:

- Tkellem mat-tabib tal-persuna biex jagħtik parir
- Ikkuntattja lit-Tim tal-Assessar tal-Kura għall-Anzjani (Aged Care Assessment Team – ACAT) permezz ta' My Aged Care fuq **1800 200 422** għall-informazzjoni.
- Ċempel il-Linja Nazzjonali tal-Għajnuna fid-Dimensja fuq **1800 100 500**

Jekk tħoss li t-tabib tiegħek mhuwiex jieħu bis-serjetà it-tħassib tiegħek ara tieħux opinjoni oħra.

Għal informazzjoni iktar dettaljata dwar is-sinjali bikrin tad-dimensja u kif titlob l-għajnuna ta' tabib niżżel il-ktejjeb *Inkwetat/a Dwar il-Memorja Tiegħek?* Mill-websajt ta' Alzheimer's Australia jew ċempel il-Linja Nazzjonali tal-Għajnuna fid-Dimensja biex tordna kopja.

AKTAR TAGĦRIF

Alzheimer's Australia toffri sapport, tagħrif, edukazzjoni u pariri. Ikkuntattja l-Linja Nazzjonali ta' Għajnuna fid-Dimensja fuq **1800 100 500** jew mur fuq il-websajt tagħna **fightdementia.org.au**

Interpreter

Għall-għajnuna fil-lingwa ċempel is-Servizz Telefoniku tat-Traduzzjoni u l-Interpretar fuq **131 450**

Din il-pubblikazzjoni tagħti ġabra biss dwar is-suġġett trattat. In-nies għandhom jitolbu parir professjonali dwar il-kas speċifiku tagħhom. Alzheimer's Australia mhijiex responsabbli għall-iżbalji jew l-ommissjonijiet f'din il-pubblikazzjoni.

translation standards

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DIAGNOSING DEMENTIA

This Help Sheet provides information about the early signs of dementia, the techniques used to diagnose dementia and the importance of an early and correct diagnosis.

What are the early signs of dementia?

Because the diseases that cause dementia develop gradually, the early signs may be very subtle and not immediately obvious. Early symptoms also depend on the type of dementia and vary a great deal from person to person.

Common early symptoms include:

- Memory problems, particularly remembering recent events
- Increasing confusion
- Reduced concentration
- Personality or behaviour changes
- Apathy and withdrawal or depression
- Loss of ability to do everyday tasks

Sometimes people fail to recognise that these symptoms indicate that something is wrong. They may mistakenly assume that such behaviour is a normal part of ageing, or symptoms may develop so gradually they go unnoticed for a long time. Sometimes people may be reluctant to act even when they know something is wrong.

For the person experiencing the symptoms, the very nature of these changes within the brain may mean that the person is unable to recognise that there are changes.

Warning signs

This is a checklist of common symptoms of dementia. Go through the list and tick any symptoms that are present. If there are several ticks, consult a doctor for a complete assessment.

☐ **Memory loss that affects day-to-day function**

It's normal to occasionally forget appointments and remember them later. A person with dementia may forget things more often or not remember them at all.

☐ **Difficulty performing familiar tasks**

People can get distracted and they may forget to serve part of a meal. A person with dementia may have trouble with all the steps involved in preparing a meal.

☐ **Disorientation to time and place**

A person with dementia may have difficulty finding their way to a familiar place, or feel confused about where they are, or think they are back in some past time of their life.

☐ **Problems with language**

Everyone has trouble finding the right word sometimes, but a person with dementia may forget simple words or substitute inappropriate words, making them difficult to understand. They might also have trouble understanding others.

☐ **Problems with abstract thinking**

Managing finances can be difficult for anyone, but a person with dementia may have trouble knowing what the numbers mean or what to do with them.

☐ **Poor or decreased judgement**

Many activities require good judgement. When this ability is affected by dementia, the person may have difficulty making appropriate decisions, such as what to wear in cold weather.

☐ **Problems with spatial skills**

A person with dementia may have difficulty judging distance or direction when driving a car.

☐ **Problems misplacing things**

Anyone can temporarily misplace a wallet or keys. A person with dementia may often put things in inappropriate places.

☐ **Changes in mood, personality or behaviour**

Everyone becomes sad or moody from time to time. Someone with dementia can exhibit rapid mood swings for no apparent reason. They can become confused, suspicious or withdrawn. Some can become disinhibited or more outgoing.

☐ **A loss of initiative**

It's normal to tire of some activities. However, dementia may cause a person to lose interest in previously enjoyed activities.

This help sheet is funded by the Australian Government

It may not be dementia

Remember that many conditions have symptoms similar to dementia, so do not assume that someone has dementia just because some of the above symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms. Many of these conditions can be treated.

A correct diagnosis is important

Consulting a doctor at an early stage is critical. Only a medical practitioner can diagnose dementia. A complete medical assessment may identify a treatable condition and ensure that it is treated correctly, or it might confirm the presence of dementia.

An assessment may include the following:

- Medical history – the doctor will ask about past and current medical problems, family medical history, any medications being taken, and the problems with memory, thinking or behaviour that are causing concern. The doctor may also wish to speak to a close family member who can help provide all the necessary information.
- Physical examination – this may include tests of the senses and movement function, as well as heart and lung function, to help rule out other conditions.
- Laboratory tests – will include a variety of blood and urine tests to identify any possible illness which could be responsible for the symptoms. In some cases, a small sample of spinal fluid may be collected for testing.
- Neuropsychological or cognitive testing – a variety of tests are used to assess thinking abilities including memory, language, attention and problem solving. This can help identify specific problem areas, which in turn helps identify the underlying cause or the type of dementia.
- Brain imaging – there are certain scans that look at the structure of the brain and are used to rule out brain tumours or blood clots in the brain as the reason for symptoms, and to detect patterns of brain tissue loss that can differentiate between different types of dementia. Other scans look at how active certain parts of the brain are and can also help discriminate the type of dementia.
- Psychiatric assessment – to identify treatable disorders such as depression, and to manage any psychiatric symptoms such as anxiety or delusions which may occur alongside dementia

Where to begin

The best place to start is with the person's doctor. After considering the symptoms and ordering screening tests, the doctor may offer a preliminary diagnosis and will, ideally, refer the person to a medical specialist such as a neurologist, geriatrician or psychiatrist.

Some people may be resistant to the idea of visiting a doctor. Sometimes people do not realise that there is anything wrong with them because the brain changes that occur with dementia interfere with the ability to recognise or appreciate the changes occurring. Others, who do have insight into their condition, may be afraid of having their fears confirmed. One of the best ways to overcome this problem is to find another reason to visit the doctor. Perhaps suggest a blood pressure check or a review of a long-term condition or medication. Another way is to suggest that it is time for both of you to have a physical check-up. A calm attitude at this time can help overcome the person's worries and fears.

If the person still will not visit the doctor:

- Talk to the person's doctor for advice
- Contact your local Aged Care Assessment Team (ACAT) via My Aged Care on **1800 200 422** for information
- Call the National Dementia Helpline on **1800 100 500**

If you feel your doctor is not taking your concerns seriously, consider seeking a second opinion.

For more detailed information about the early signs of dementia and seeking help from a doctor, download the *Worried About Your Memory?* booklet from the Alzheimer's Australia website or call the National Dementia Helpline to order a copy.

FURTHER INFORMATION

Alzheimer's Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at **fightdementia.org.au**

Interpreter

For language assistance phone the Translating and Interpreting Service on **131 450**

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. Alzheimer's Australia is not liable for any error or omission in this publication.

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