什麼是癡呆症？

CANTONESE | ENGLISH

本資料單張對癡呆症、誰會患上癡呆症以及一些最常見的癡呆症類型作出說明，介紹了癡呆症的一些早期體徵，並強調及時獲得醫療診斷的重要性。

癡呆症是指由影響大腦的病症所引起的一系列症狀，而非指某一種特定的疾病。

癡呆症影響患者的思維、行為以及處理日常事務的能力。大腦功能受到影響，足以妨礙患者的正常社交或工作生活。癡呆症的標誌在於患者因認知能力下降，無法開展日常活動。

若兩種以上的認知功能顯著受損，醫生即會做出癡呆症診斷。受影響的認知功能可包括記憶力、語言技能、資訊理解、空間技能、判斷力和注意力。癡呆症患者在解決問題和控制情緒方面可能會有困難。他們還可能出現性格改變。癡呆症患者出現的確切症狀取決於引起癡呆症的疾病損壞的大腦部位。

就許多類型的癡呆症而言，大腦中的一些神經細胞會停止工作，失去與其它細胞的連接，並且死亡。癡呆症通常具有漸進性。這意味著疾病在大腦逐漸擴散，患者的症狀在一段時間後會變得更嚴重。

誰會患上癡呆症？

任何人都可能患上癡呆症，但風險隨年齡而增大。大多數癡呆症患者都是老年人，但務必請記住，大多數老年人並不會患上癡呆症。這並非老年化的一個正常部份，而是大腦疾病引起的。65歲以下的人士也可能患上癡呆症，這種癡呆症稱為‘年輕型癡呆症’，較不常見。

有一些極為罕見的遺傳性癡呆症類型，據悉這種癡呆症是由某種基因突變引起的。大多數癡呆症病例都不涉及這類基因，但對有癡呆症家族病史的人士而言，患上癡呆症的風險確實會增加。有關詳情，請參閱*《癡呆症簡介：癡呆症遺傳性》(About Dementia: Genetics of Dementia)*資料單張。

某些健康與生活方式因素似乎也對一個人患上癡呆症的風險有一定作用。對於有包括高血壓在內的未得到治療血管性風險因素的人士，其患上癡呆症的風險也會增加，體智不太活躍的人士也一樣。有關癡呆症風險因素的詳情，請瀏覽網站：**yourbrainmatters.org.au**.

癡呆症是由什麼造成的？

許多不同疾病都會造成癡呆症。在大多數情況下，癡呆症的病因不得而知。最常見的一些癡呆症類型包括：

阿耳茲海默氏病

阿耳茲海默氏病是最常見的癡呆症類型，佔所有病例的三分之二左右。這種疾病會造成認知能力逐步下降，通常先從記憶力喪失開始。

阿耳茲海默氏病的特點是大腦出現兩種異常－澱粉狀蛋白斑塊與神經原纖維纏結。斑塊是指稱為乙型澱粉狀蛋白堆積而形成的異常蛋白斑塊。纏結是指一種叫做Tau的蛋白組成的糾結纖維堆疊成團。斑塊和纏結阻止神經細胞之間溝通，造成神經細胞死亡。有關詳情，請參閱*《癡呆症簡介：阿耳茲海默式病》(About Dementia: Alzheimer's Disease)*資料單張。

血管性癡呆症

血管性癡呆症是指由大腦血管受損所引起的認知障礙，可能由一次中風或一段時間中數次中風造成。

若有證據表明大腦出現血管疾病，而且認知功能障礙妨礙日常生活，即可作出血管性癡呆症的診斷。血管性癡呆症的症狀可能在中風後突然開始，也可能隨血管疾病惡化逐漸開始。症狀隨大腦損傷的部位和大小而不同。它可能只影響一種或數種特定的認知功能。

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血管性癡呆症可能看起來與阿耳茲海默氏病相似，患者出現阿耳茲海默氏病與血管性癡呆症綜合病徵的情況較為常見。有關詳情，請參閱《*癡呆症簡介：血管性癡呆症》(About Dementia: Vascular Dementia)*資料單張。

雷微小體式癡呆症

雷微小體式癡呆症的特點是大腦出現雷微小體組織。雷微小體組織是指神經細胞內形成的共核蛋白異常結塊。這類異常結塊在大腦特定部位出現，造成行動、思維與行為變化。雷微小體式癡呆症患者可能在注意力和思維方面出現較大波動。患者可能從幾乎正常的表現到短期內出現嚴重的頭腦糊塗症狀。此外，幻視也是一種常見症狀。

雷微小體式癡呆症可包括三種重疊式紊亂：

- 雷微小體式癡呆症
- 帕金森氏病
- 帕金森氏病癡呆症

若一開始出現行動症狀，通常可以作出帕金森氏病的診斷。隨著帕金森氏病病情發展，大多數患者會患上癡呆症。若一開始出現認知症狀，即可作出雷微小體式癡呆症的診斷。

雷微小體式癡呆症有時會與阿耳茲海默式病和/或血管性癡呆症同時出現。有關詳情，請參閱《*雷微小體式癡呆症》(Lewy Body Disease)*資料單張。

額顳葉型癡呆症

額顳葉型癡呆症是指大腦額葉和/或顳葉出現漸進性損傷。患者通常在50多歲或60多歲開始出現症狀，有時會更早出現症狀。額顳葉型癡呆症主要表現為兩種症狀－額葉症狀(包括行為症狀和性格改變)和顳葉症狀(包括語言障礙)。但這兩種症狀通常會重疊。

因為大腦額葉控制判斷力和社交行為，額顳葉型癡呆症患者通常會在保持適當社交行為方面出現困難。他們可能變得粗魯、疏忽正常責任、出現強迫性或反復性症狀、暴燥好斗、缺乏抑制力或衝動行事。

額顳葉型癡呆症有兩種主要亞型:顳葉型和語言型。語意癡呆症是指逐漸喪失對詞意的理解、詞不達意、難以記住人名、出現語言理解困難。漸進性非流利性失語症較為少見，但會影響流利說話的能力。

額顳葉型癡呆症有時稱為額顳葉性退化症(FTLD)或皮克病。有關詳情，請參閱《*癡呆症簡介：額顳葉型癡呆症》資料*單張，或瀏覽Frontier研究團體網站：**neura.edu.au**

這是癡呆症嗎？

許多疾病的症狀都與癡呆症相似。這些疾病通常可以進行治療，包括一些維生素和荷爾蒙缺乏症、憂鬱症、藥物作用、感染和腦瘤等。

在症狀一出現的初期階段就獲得醫療診斷，確保患有可醫治疾病的患者獲得正確診斷和治療，這一點非常重要。如果症狀是由癡呆症引起的，通過及早診斷，便可以及早獲得現有的支持、資訊和藥物。

癡呆症有什麼早期體徵？

癡呆症的早期體徵可能非常細微模糊，可能不會馬上變得很明顯。一些常見症狀可能包括：

- 漸進性和頻繁喪失記憶力
- 頭腦糊塗
- 性格改變
- 無動於衷，沉默寡言
- 失去處理日常事務的能力

可以做什麼來幫助控制？

目前，大多數癡呆症類型都無法治癒。但人們發現有些藥物可減輕某些症狀。為癡呆症患者提供支持非常重要，家人、朋友和照顧者的幫助可對控制病情起到積極作用。

詳情

澳洲癡呆症協會提供支持、資訊、教育和輔導。請聯絡全國痴呆症幫助熱線：**1800 100 500**，或瀏覽我們的網站：**dementia.org.au**。

Interpreter

若需要語言方面的幫助，請致電口筆譯服務處電話：**131 450**。

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What is dementia?

This Help Sheet describes dementia, who gets it and some of its most common forms. It describes some early signs of dementia and emphasises the importance of a timely medical diagnosis.

Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease.

Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life. The hallmark of dementia is the inability to carry out everyday activities as a consequence of diminished cognitive ability.

Doctors diagnose dementia if two or more cognitive functions are significantly impaired. The cognitive functions affected can include memory, language skills, understanding information, spatial skills, judgement and attention. People with dementia may have difficulty solving problems and controlling their emotions. They may also experience personality changes. The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia.

With many types of dementia, some of the nerve cells in the brain stop functioning, lose connections with other cells, and die. Dementia is usually progressive. This means that the disease gradually spreads through the brain and the person's symptoms get worse over time.

Who gets dementia?

Dementia can happen to anybody, but the risk increases with age. Most people with dementia are older, but it is important to remember that most older people do not get dementia. It is not a normal part of ageing, but is caused by brain disease. Less commonly, people under the age of 65 years develop dementia and this is called 'younger onset dementia'.

There are a few very rare forms of inherited dementia, where a specific gene mutation is known to cause the disease. In most cases of dementia however, these genes are not involved, but people with a family history of dementia do have an increased risk. For more information see the Help Sheet About Dementia 10: Genetics of dementia.

Certain health and lifestyle factors also appear to play a role in a person's risk of dementia. People with untreated vascular risk factors including high blood pressure have an increased risk, as do those who are less physically and mentally active. Detailed information about dementia risk factors is available at **yourbrainmatters.org.au**.

What causes dementia?

There are many different diseases that cause dementia. In most cases, why people develop these diseases is unknown. Some of the most common forms of dementia are:

Alzheimer's disease

Alzheimer's disease is the most common form of dementia, accounting for around two-thirds of cases. It causes a gradual decline in cognitive abilities, often beginning with memory loss.

Alzheimer's disease is characterised by two abnormalities in the brain – amyloid plaques and neurofibrillary tangles. The plaques are abnormal clumps of a protein called beta amyloid. The tangles are bundles of twisted filaments made up of a protein called tau. Plaques and tangles stop communication between nerve cells and cause them to die. For more information see the Help Sheet on About Dementia 13: Alzheimer's disease.

Vascular dementia

Vascular dementia is cognitive impairment caused by damage to the blood vessels in the brain. It can be caused by a single stroke, or by several strokes occurring over time.

Vascular dementia is diagnosed when there is evidence of blood vessel disease in the brain and impaired cognitive function that interferes with daily living. The symptoms of vascular dementia can begin suddenly after a stroke, or may begin gradually as blood vessel disease worsens. The symptoms vary depending on the location and size of brain damage. It may affect just one or a few specific cognitive functions. Vascular dementia may appear similar to Alzheimer's disease, and a mixture of Alzheimer's disease and vascular dementia is fairly common. For more information see the Help Sheet on About Dementia 16: Vascular dementia.

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Lewy body disease

Lewy body disease is characterised by the presence of Lewy bodies in the brain. Lewy bodies are abnormal clumps of the protein alpha-synuclein that develop inside nerve cells. These abnormalities occur in specific areas of the brain, causing changes in movement, thinking and behaviour. People with Lewy body disease may experience large fluctuations in attention and thinking. They can go from almost normal performance to severe confusion within short periods. Visual hallucinations are also a common symptom.

Three overlapping disorders can be included with Lewy body disease:

- Dementia with Lewy bodies
- Parkinson's disease
- Parkinson's disease dementia

When movement symptoms appear first, Parkinson's disease is often diagnosed. As Parkinson's disease progresses most people develop dementia. When cognitive symptoms appear first, this is diagnosed as dementia with Lewy bodies.

Lewy body disease sometimes co-occurs with Alzheimer's disease and/or vascular dementia. For more information, see the Help Sheets on Lewy body disease.

Frontotemporal dementia

Frontotemporal dementia involves progressive damage to the frontal and/or temporal lobes of the brain. Symptoms often begin when people are in their 50s or 60s and sometimes earlier. There are two main presentations of frontotemporal dementia – frontal (involving behavioural symptoms and personality changes) and temporal (involving language impairments). However, the two often overlap.

Because the frontal lobes of the brain control judgement and social behaviour, people with frontotemporal dementia often have problems maintaining socially appropriate behaviour. They may be rude, neglect normal responsibilities, be compulsive or repetitive, be aggressive, show a lack of inhibition or act impulsively.

There are two main forms of the temporal or language variant of frontotemporal dementia. Semantic dementia involves a gradual loss of the meaning of words, problems finding words and remembering people's names, and difficulties understanding language. Progressive non-fluent aphasia is less common and affects the ability to speak fluently.

Frontotemporal dementia is sometimes called frontotemporal lobar degeneration (FTLD) or Pick's disease. For more information, see the Help Sheet on About Dementia 17: Frontotemporal dementia, or visit the Frontier research group website **neura.edu.au**

Is it dementia?

There are a number of conditions that produce symptoms similar to dementia. These can often be treated. They include some vitamin and hormone deficiencies, depression, medication effects, infections and brain tumours.

It is essential that a medical diagnosis is obtained at an early stage when symptoms first appear to ensure that a person who has a treatable condition is diagnosed and treated correctly. If the symptoms are caused by dementia, an early diagnosis will mean early access to support, information and medication should it be available.

What are the early signs of dementia?

The early signs of dementia can be very subtle, vague and may not be immediately obvious. Some common symptoms may include:

- Progressive and frequent memory loss
- Confusion
- Personality change
- Apathy and withdrawal
- Loss of ability to perform everyday tasks

What can be done to help?

At present there is no cure for most forms of dementia. However, some medications have been found to reduce some symptoms. Support is vital for people with dementia and the help of families, friends and carers can make a positive difference to managing the condition.

FURTHER INFORMATION

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

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