知情解惑：阿尔茨海默症

阿尔茨海默症（dementia）是一种医学术语，指的是大脑中的一个或多个区域受到损伤，导致记忆、思考、判断和日常功能障碍的持续性衰退。阿尔茨海默症通常与大脑中的某些蛋白质积聚有关，这些蛋白质会导致脑细胞死亡。阿尔茨海默症可以分为多个类型，包括阿尔茨海默症（老年性阿尔茨海默症）和血管性阿尔茨海默症（血管性阿尔茨海默症）。阿尔茨海默症的病因尚不完全清楚，可能与基因、环境和生活方式等因素有关。

### 什么是阿尔茨海默症？

阿尔茨海默症是一种影响大脑的疾病，导致记忆、思考和日常功能逐渐丧失。它通常在中年晚期出现，影响大脑中的多个区域，包括海马体。阿尔茨海默症的早期症状可能包括记忆力下降、判断力减退、语言困难和空间定向能力下降。

### 阿尔茨海默症的表现

阿尔茨海默症的症状会随着时间的推移而逐渐加重。早期的症状可能包括记忆力下降、判断力减退、语言困难和空间定向能力下降。随着病情的发展，患者可能会出现注意力不集中、情绪变化、行为问题和日常生活能力下降。

### 阿尔茨海默症的病因

阿尔茨海默症的病因尚不完全清楚，可能与基因、环境和生活方式等因素有关。研究人员认为，阿尔茨海默症可能与大脑中的某些蛋白质积聚有关，这些蛋白质会导致脑细胞死亡。阿尔茨海默症的病因可能包括基因遗传、环境因素和生活方式。

### 阿尔茨海默症的治疗

阿尔茨海默症目前没有根治方法，但有多种治疗方法可以改善症状和生活质量。这些方法包括药物治疗、行为治疗、物理疗法和社交支持。早期诊断和早期治疗可能有助于减缓病情的发展。

### 阿尔茨海默症的预防

阿尔茨海默症的预防方法包括健康饮食、定期锻炼、保持大脑活跃、戒烟限酒、控制血压和血糖。研究人员认为，这些生活方式的改变可能有助于减缓阿尔茨海默症的风险。

### 阿尔茨海默症的支持

阿尔茨海默症患者及其家人可以获得各种支持，包括医疗、心理和社会支持。这些支持可以帮助患者和家庭应对阿尔茨海默症的挑战，提高生活质量。

### 阿尔茨海默症的资源

如果您或您认识的人有阿尔茨海默症的症状，建议您寻求专业医疗建议。您也可以联系澳大利亚阿尔茨海默症协会（Dementia Australia）或您的国家或地区相关的阿尔茨海默症协会，获取更多信息和支持。
Dementia with Lewy bodies (Lewy bodies) is a type of dementia that is also known as Lewy body disease. It is characterized by the presence of abnormal protein aggregates, called Lewy bodies, in various parts of the brain. These aggregates are made up of proteins, primarily alpha-synuclein, which disrupts the normal functioning of nerve cells. The symptoms of dementia with Lewy bodies (Dementia with Lewy bodies) can include:

- Rhythmic and fluent aphasia
- Parkinsonian features
- Visual hallucinations
- Psychosis

The symptoms of dementia with Lewy bodies can make it difficult to diagnose and treat. The disease can progress from one to another, and the symptoms can vary from person to person. The disease is progressive, and there is currently no cure. However, there are medications and therapies that can help manage the symptoms and improve quality of life for those affected.
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.
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