10 Things you need to know about Dementia

1. Dementia is not a disease

It’s actually caused by lots of different diseases. The word ‘dementia’ is just an umbrella term for the symptoms caused by these diseases such as memory loss, confusion and personality change. Alzheimer’s disease is the most common cause but other dementias include vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

2. Dementia is not an inevitable part of getting older

While it’s true that the majority of people with dementia are over 65 – the condition is not a normal part of getting older. The likelihood of developing dementia rises with age, but it’s not a given that an older person will develop it. In 2014, approximately 53,502 New Zealanders had dementia. By 2050 that will increase three-fold to 147,359 people or over 2.6% of the population.

3. Everyone’s experience of dementia is different

The majority of people associate dementia with memory loss. However how dementia affects people varies greatly. Symptoms may include changes in behaviour, confusion and disorientation, delusions and hallucinations, difficulty communicating, problems judging speeds and distances and even cravings for particular foods.

4. It is possible to live an independent and active life with dementia

Many people in New Zealand and across the world are facing dementia head on and developing support mechanisms and strategies to live well with the condition. That includes anything from taking up new hobbies to making new friends, living an active lifestyle, changing their diet or taking part in research.

5. Dementia has a bigger impact on women

60% of people with dementia are female. 31,623 women in New Zealand had dementia in 2014. This compares to 21,870 NZ men in 2014. This is due to women living longer than men on average, and due to the prevalence rate of dementia being higher for women than men in age groups over 75 years.

6. Dementia is a global issue
Dementia isn’t just a problem in the Western world. The largest increases in dementia expected over the next 20 years are actually in places like China, India and Sub-Saharan Africa. Dementia is a truly global health issue, affecting approximately 44 million people worldwide.

7. Dementia doesn’t discriminate
Dementia is a condition that can affect anyone regardless of background, education, lifestyle or status.

8. There are no treatments to stop the diseases that cause dementia
While there are treatments and interventions that enable people to live improved quality of life with dementia, there are no treatments yet that slow or stop diseases like Alzheimer’s. This means that the diseases will continue to get worse over time unless new treatments can be found quickly.

9. New Zealand’s first Dementia Prevention Research Clinic opened on the 8th of April 2016.

The first of three Dementia Prevention Research Clinics (DPRC) was opened on the 8th of April. The DPRC will enable cutting-edge research to identify factors, or groups of factors, that influence progression from Mild Cognitive Impairment to dementia. This will help the development of testing and scientific research of novel treatments and lifestyle interventions to slow disease onset and progression. Further Dementia Prevention Research Clinics are scheduled to open in Christchurch and Dunedin in 2016 and 2017. This national collaborative research effort involves partnerships between neuroscientists from the Universities of Auckland, Otago, Canterbury and AUT, Clinicians from District Health Boards across the country and the community.

10. The DPRC is now looking for participants with MCI
Mild Cognitive Impairment (MCI) is a condition that affects memory and thinking abilities (planning, word-finding, organising, etc). Some people with Mild Cognitive Impairment (MCI) go on to develop Alzheimer’s disease (a type of dementia), but not all people with MCI do. Find out more about MCI.

The DPRC aim to find biomarkers (things that can be measured that identify a disease state) from blood samples, brain scans, patterns of thinking abilities, clinical measures, or combinations of these, that influence
development of early Alzheimer’s disease. Participation would involve up to four sessions across three months. In these sessions you will see health professionals and answer questions about your lifestyle, health and functioning and have a blood test. Participants may complete tests of thinking abilities, have an MRI scan and then receive their results.

To find out how to enrol in this study, please contact:

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