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7. Ageing – another word for forgetting?

Alzheimer's – a disorder that generates fear

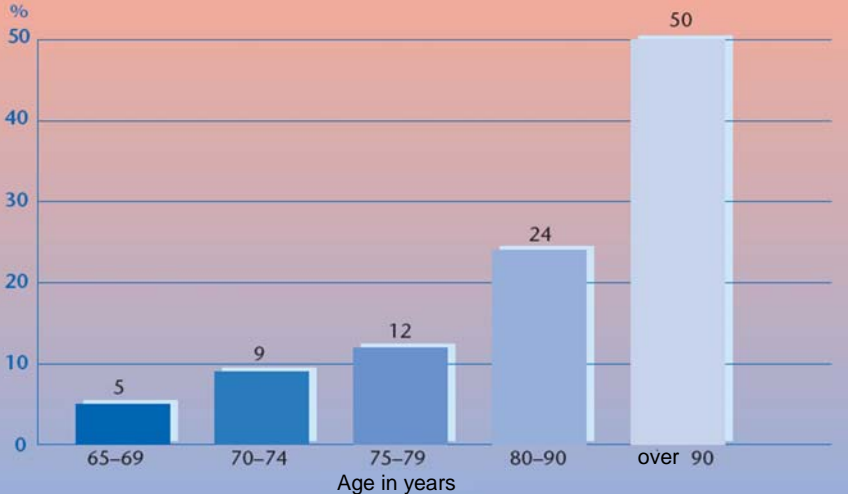
Alzheimer's – this diagnosis strikes fear into the hearts of both patients and their relatives. An understandable reaction, because this illness affects the human being in his very soul, in his personality. It extinguishes the past, destroys orientation in the present and takes away the future. No wonder that Alzheimer's Disease is one of the most feared diagnoses. But fear, lack of knowledge and panic are not good advisers – not even in the case of a disease as devastating as this. Instead anyone who has to deal with it should find out as much as he can about it. Although there is as yet no cure, with modern medicine and loving care it is possible to slow down the progress of the disease to a major extent. On average this means that every person with the disorder will gain at least one year of mental clarity, sometimes even considerably more. That means precious months with quality of life, contact with the family and – normality.

This brochure sets out to give you the opportunity to acquire a thorough knowledge of this disorder in order to enable you to offer the best possible help to any of your relatives who may be affected.

Ageing is not synonymous with forgetting

It is often assumed that confusion is basically part of age. People also like to talk about "going senile". Both of these are incorrect. The decline in mental performance is not a normal process that affects elderly people, but is instead an illness which needs to be treated just like any other physical disorder. Doctors call the insidious loss of brain functions "dementia", a word derived from the Latin word for irrationality.

Age-related frequency of dementia



Source: A. O. Beske and F. Kern, trend in the numbers of dementia patients in Germany up to the year 2030, IGSF Kiel 1999

Some 1.2 million people in Germany suffer from a form of dementia – and the trend is rising. The reason: the risk increases with age. 1 in 20 people suffer from it at the age of 65 to 69 but between the ages of 80 and 90 almost a third are affected. Because the proportion of elderly citizens in our society is set to increase, a corresponding increase in people suffering from dementia is anticipated. Experts estimate that 2.5 million people will be affected by the year 2030. The major risk of falling victim to the illness as age increases also explains why more women suffer from dementia. Because of their higher life expectancy they live to be older than their male contemporaries and are therefore more frequently affected. Although every other person over 90 suffers from some form of dementia, it should not be forgotten that the remaining 50% in this age category experience no changes and remain mentally fit. We have evidence of this in the shape of prominent individuals who are themselves advanced in years, such as actors Inge Meysel and Johannes Heesters. Politicians like Konrad Adenauer also demonstrated the kind of mental performance that is still possible at this age.

The reverence which almost all world cultures have shown towards their oldest citizens likewise proves that dementia is an illness and under no circumstances is it a natural and thus an inevitable process.

Alzheimer's and other forms of dementia

Experts distinguish between two types of mental deterioration:

- Primary forms of dementia – with these brain functions gradually and insidiously deteriorate and are eventually irretrievably lost. The best known example of this is Alzheimer's Disease.
- Secondary dementias – in these cases the mental degeneration is the result of another organic disease such as damage to the brain, a brain tumour or a heart and circulation disorder; pharmaceuticals and poisons such as alcohol or other drugs may cause it to develop. If the basic illness is treated effectively and as soon as there are no longer any poisonous substances to affect the brain or injuries have healed, mental performance mostly normalizes itself. However, if the sensitive nerve cells have been exposed too long to the damaging effect and if these die off, then the secondary dementia may transfer into a primary form.



What clearly emerges from this is the fact that not every dementia is a form of Alzheimer's Disease but every Alzheimer's is a dementia and belongs to the primary forms. These primary forms also occur most frequently and account for 90% of all dementia cases in the over-65 age group. As regards these, specialists differentiate further depending on whether the nerve cells in the brain "degenerate" (i.e. they perish without any externally identifiable cause, as in Alzheimer's Disease) or whether they have undergone severe damage as a result of circulatory disturbances

(a form of this kind is designated as a vascular type of dementia). In the majority of cases both occur together.

Learning and remembering is what makes us human

What distinguishes us humans from animals? Surely the most important attribute here is our unique ability to make a mental note of new impressions or to compartmentalize them in a meaningful way. This process of learning is an elementary pre-requisite for every form of human culture. But, without being conscious of it, we also constantly need the skill of learning to solve simple everyday problems. Who would recognize dressing up warm in Winter or, if we are going to a party, in a manner appropriate for a celebration as an intellectual achievement? As far as we are concerned, dealing with small things of this nature within the context of everyday life, those minor matters that we constantly concern ourselves with, is an automatic procedure. However, the fact that these things are in no way automatic can be seen from the behaviour of someone with Alzheimer's. Because, if this ability has been lost, it is not such a rare occurrence for people to dress themselves

up in a thick coat when it is hot and the sun is shining or wear their bras over their blouses. Wherever we look – in our modern times there is always and everywhere a need to solve problems that present difficulties to a greater or lesser extent. We have to know how to use a coffee machine, a cooker hob or an iron properly (as well as needing to remember to switch the device off when we have finished), where household items are stored, how to go about shopping and how to get to the family doctor. For every movement we make, however small it may be, we need the ability to learn and to remember and to



categorise everything in a way that is meaningful. At the same time, learning and remembering are pre-requisites for every form of orientation, right through into the social sphere: faces and names have to be recognized again and placed in a relationship to one another – this is also an achievement that is for the most part underestimated.

Dementia – alone in a strange world

A person suffering from dementia gradually loses all these abilities described above. And what is worse: he is no longer able to learn anything new. This means that it becomes harder and harder to remember people and to cope with the surroundings to which he has become accustomed. In a new environment he will not be able to cope at all because he will be unable to remember new impressions. A healthy person can put himself in the position of a dementia patient to a certain extent by imagining the following scenario, which could have come directly from a nightmare: just imagine, you have been abandoned and are totally alone in a small Chinese town where you don't know the language and are unable to read anything.



Everywhere you come across completely incomprehensible customs such as eating with chopsticks. And what is worse: you are constantly meeting people who address you and, in so doing, act as though they have known you for a very long time and expect you to be well informed about everything. In reality dementia patients often sense what they should actually be able to do. The fact that they nevertheless fail to succeed in doing it creates fear and great anger – which may be directed at themselves as well as at their demanding fellow human beings.

Forgetfulness is an insidious process

Unlike illnesses such as stroke where a sudden and radical change robs someone who is completely healthy of important faculties in a moment, Alzheimer's Disease is insidious in its approach. At the beginning it is characterized by small mistakes such as forgetting appointments, losing one's keys or the sensation of entering a room and not knowing what they went there to do. These typical symptoms in the initial stage which are caused by disturbances of memory also include:

- Difficulties in finding documents or other items
- Forgetting appointments and other commitments
- Unusually frequent use of notes by way of aide-mémoires
- Noticeable problems in following instructions relating to actions such as instructions on how to use equipment
- Asking and repeating the same questions all the time in conversations
- Uncertainty or disturbances of orientation in relation to time and space

Because minor uncertainties in relation to the ability to remember are known to occur from time to time in healthy individuals too, the onset of the illness is often very easily overlooked by the patient and his relatives. What makes matters more difficult is the fact that the symptoms may be highly diverse.

Mostly, however, it is the aspect of forgetfulness that is most apparent, when the short term memory does not function properly any more but, as far as the patient is concerned, uncertainty, fear and anxiety or a change in behaviour may also come to the fore. Many of these symptoms are unfortunately so unspecific that only a specialist can identify what the disorder is.

The following may become noticeable:

- *Feeling that things are becoming too much at work or at home*
- *Depressed or dejected mood*
- *Feelings of tiredness without any identifiable cause*
- *Fear of failure, which other people find incomprehensible*
- *Neglect of social contacts*
- *Decline in interest in work, everyday events and hobbies*
- *Lack of personal drive and absence of motivation*

But there are some instances where the possibility of dementia should occur even to the layman and the patient should be sent along to see the doctor. For example, each of us sometimes finds it difficult to give the correct date.

But if someone doesn't know what year it is either or the current season, this has definitely ceased to be normal forgetfulness and calls for a medical examination. Spatial orientation also poses a problem. Patients no longer know where they are. They can't find their way home or get lost at the supermarket.



2 How does dementia manifest itself?

How doctors identify dementia

Because the signs of dementia are not very noticeable at the beginning and also due to the fact that the patient will often play down his inadequacies, it is difficult for doctors to diagnose the illness. In the meantime, however, there are procedures which can be used to establish certainty. If he suspects dementia, the doctor will first of all exclude other disorders that may be responsible for secondary dementia. To do this he will, for example, investigate the heart, circulation, lungs and thyroid gland as well as the blood. There is also a need to be sure that another mental illness such as depression is not indicated here rather than dementia. In order to establish dementia, so-called psychometric tests are therefore employed. These consist of questionnaires that have been scientifically trialed and standardized and by means of which brain performance can be assessed.

But modern medical technology can also help to establish dementia at an early stage. Computer tomography or, even better, the NMR technique will produce highly accurate three dimensional images of the brain. In the case of Alzheimer-type dementia, these “imaging processes” may show evidence of shrinkage in the area of the temporal lobe of the brain. This region of the brain, the so-called “hippocampus”, plays a significant role in the formation of memories and we shall return to this at a later stage. In addition to the production of anatomical images, it is nowadays also possible to watch the brain at work. In the SPECT process (Single Photon Emission Computer Tomography) radiologists observe the flow of blood to all regions of the brain, at the same time paying particular attention to the temporal and the parietal lobes. Even more accurate is PET which stands for Positron Emissions Tomography.

The examination shows the sugar and oxygen metabolism of the nerve cells in all areas of the brain. This enables changes in function to be established at a very early stage. Here too the doctors take a particular interest in the temporal lobe because disturbances there are typical of a primary dementia. Because the procedure is, however, very time-consuming and expensive, it is not possible to make use of it for all patients.

Disguising forgetfulness because of shame

At the onset of the disorder patients often perceive quite accurately that there is something not quite right with them and that the skills which are expected of them have been lost. This is – understandably – extremely unpleasant and distressing for them. They therefore attempt to disguise their limitations – sometimes in very clever ways. They may ask others, using phrases like “Would you mind just doing this for me ?” and, by way of explanation “I haven’t got time to do it” or “I’ve forgotten my glasses”.

Particularly when they are still working and they are expected to display unlimited capability in terms of performance, patients will try to cover up their difficulties by resorting to strategies of this nature. Sometimes they will succeed for a time but this exhausting “double life” will sooner or later lead to other problems – ultimately when the facade can no longer be maintained.



The constant stress leads to mistakes and these will have a powerful effect on mood.

Patients feel despondent and depressed in terms of their mood. In this they are at first sight frequently similar to patients suffering from actual depression. Often only a medical specialist will be able to make a precise distinction in such cases. This is, in turn, important because the clinical characteristics of both pictures call for totally different treatment. Many drugs which will help someone suffering from depression to escape from the black hole in which he finds himself may do more harm than good to a dementia patient because they may even speed up the process of mental deterioration.

Clichés not conversations

As the dementia progresses, the patient forgets how to talk and read properly. Initially the function of the short term memory deteriorates so that he is no longer able to follow long sentences. He will regard small everyday challenges as being too much for him. He will stop reading because he is no longer able to grasp what he reading or, once he reaches the end of the page, no longer knows what it said at the beginning.

Watching television also becomes more and more of a problem because the programme content changes too quickly for him to be able to follow what is happening. As the disorder progresses he is no longer able to distinguish TV programmes from reality. If a dementia patient says: "There are strange people in the house", this may mean that he has seen these strangers on the television.

Because the newly discerned information can no longer be grasped and contact with others increasingly poses problems, the patient's interest in his environment declines and will ultimately be completely lost. In addition, those affected lose any memories with which they can compare new experiences and perceptions. In the truest sense of the expression, nothing comes back to them any more.

Often they gloss over this with meaningless clichés or general platitudes such as are usual in shallow conversation and which are almost always appropriate. These include simple phrases about the weather or greetings clichés such as "How are you?", "Haven't seen you for a long time" or similar. Questions or parts of sentences are frequently repeated. Reference to anything of any substance in the course of a conversation is, however, unlikely to be possible.

Often a disorder related to brain performance is only identified once it has reached an intermediate/moderate stage because the symptoms then become clearer – and thus impossible for anyone to ignore. In addition, the patient becomes increasingly prone to making slips in relation to his everyday life. Sometimes the consequences of failure to carry through actions in the home are merely annoying, such as for example when wet washing gets left around for several days. Occasionally, however, situations develop that spell danger both for the patient and his environment– if the gas is not turned off, the forgotten plate on the hob begins to glow or a hot iron burns through the fabric on the ironing board.

Bypassing the past to regain the illusions of youth

At the beginning of the illness it is only short term memory that disappears. The patient is no longer able to correctly say what he ate for breakfast a few hours before, although he is still able to describe entire scenes from the past, such as experiences during the war, in graphic detail. In the further course of the dementia his long term memory also deteriorates more and more. This means that the person gradually loses his past. Because what was learnt most recently is anchored least securely in the memory, it is the first thing to be forgotten. On the other hand, his memories of his youth remain intact. In this way the unhappy patient moves further and further back into the past. Because he no longer remembers anything about the past forty years he will probably feel that he is no more than thirty years old.

Criteria for the severity of a dementia

Mild

- *Work and social activities distinctly limited*
- *Ability maintained to live independently with appropriate personal hygiene and judgment intact*

Moderate

- *Capable of independent living, but with some difficulties*
- *Certain measure of supervision required*

Severe

- *Activities of daily life are adversely affected*
- *Constant care and attention necessary*
- *Incapable of maintaining minimum standards of personal hygiene*

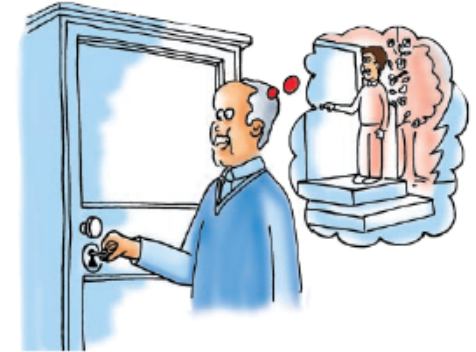
This, of course, inevitably leads to grotesque situations. The dementia patient no longer recognizes his relatives. How on earth can this old lady be his wife if he himself is “only” thirty years old? At the end of the day – in his imagination – his wife can also be no more than thirty and so why does she not look a great deal younger? And those grown up people who purport to be his children are definitely lying. In the patient’s world, his own children are just eight and ten years old.

This phase of the illness is especially difficult for all those concerned. The patients themselves may react very irritably or even aggressively if someone – as they see it – tries to confuse them by giving them the wrong information and they become increasingly disorientated. But this is also an extremely difficult time for the closest relatives.

It is not just that they can only stand aside helplessly and watch their relative slowly losing his mental faculties.

Nor does he recognize them any more and begins to grumble at them, sometimes for no reason. To develop understanding for this – in our eyes – unjustified irritability and aggression calls for an immense amount of understanding that it is not in everyone’s power to summon up.

Loss of control over bodily functions



As the dementia progresses, the dementia patient loses any sense of relationship to space and time. He may lose himself even in his own home where he has been living for decades. The patient may even retain a “map” of his earlier environment in his head. For instance, his mother’s house used to be the second turning on the right and round the corner. When he gets up out of his chair these days and takes the second turning on the right and round the corner there’s a cupboard there. He opens this up like Mum’s front door and bumps straight into shelves. He finds it more and more difficult to cope with the orderliness of his own home. By this stage patients will be in need of practical care because looking after themselves will be too much for their remaining capabilities.

Neither does brain deterioration stop before it starts to affect movement control. Because it is no longer possible for him to estimate distances, the dementia patient will try to take hold of his cup but will reach wide of the mark, thus spilling it and appearing more and more “clumsy”. It is no longer possible for him to carry out complicated sequences of movement. Nerve specialists call this disorder “apraxia”. Its inception is also insidious. At the start it may be just jackets that are buttoned up wrongly, pullovers worn back to front or inside out.

3. Where are the causes of dementia to be found?

Later on it becomes impossible for the patient to button his clothes up at all. Independent washing, dressing and eating will likewise become an impossibility at some stage.



As the patient's ability to cope with everyday life diminishes, his need of care steadily increases. Dementia patients don't just have to be looked after and cared for, they also need to be supervised. If a patient is dependent on round the clock care, specialists talk about severe dementia. The illness may present differently in different people and not every patient develops the same symptoms at the same time.

However, experience points to the following factors being those that are most frequently observed in relation to dementia patients:

- Severe disturbances in relation to short and long term memory, for instance, names can no longer be learnt, people can no longer be recognized
- Difficulties as regards understanding and recognition
- Speech impairment
- Disturbance of orientation in relation to space and time
- Neglect of personal hygiene to the extent of complete loss, for example, of the ability to take themselves to the toilet
- Disturbance of sequences of movement in relation to everyday actions and even simple movements like walking
- Apathy (lethargy)
- Disturbance of social behaviour with irritability and aggression
- Lack of motivation or ability to look after the house

How behaviour changes

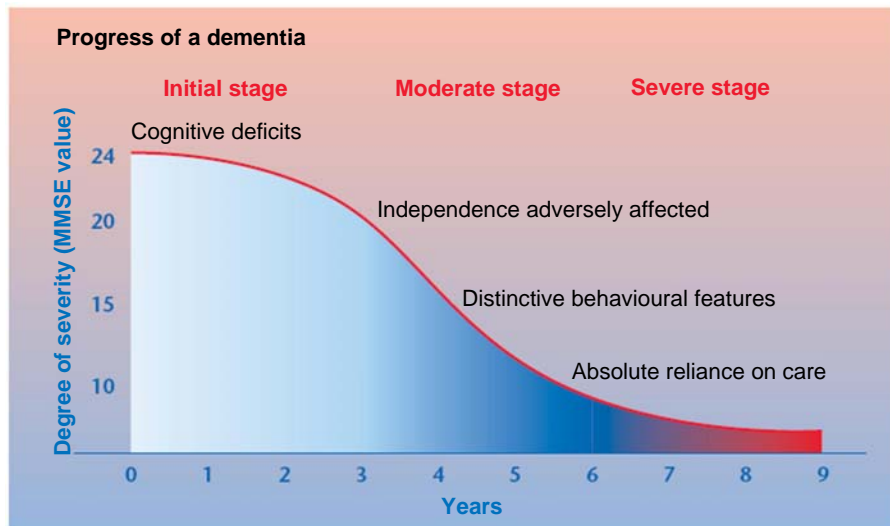
The destruction of the brain does not stop once the areas responsible for short term memory have been attacked. All regions of the brain are affected and because of this severe disturbances of behaviour develop. In the advanced stage of the illness the individual's personality also changes.

In the case of a dementia of the Alzheimer type, an agonizing restlessness develops. Patients constantly fiddle with their clothing and during the day seem to be constantly on the move. Many wander about at night totally disorientated and then spend their days lying apathetically in bed. In their case the day and night rhythm is completely disturbed. Others in turn become extremely mistrustful of their environment. If they are not able to find something, such as their purse, they assume they have been robbed. The fact that they perhaps had to hand their purse or wallet to somebody else because they would otherwise have lost it has long ago been forgotten. A notion of this nature can develop into a real delusion and will foster irritability and aggression in addition to uncertainty about the patient's (to him) alien surroundings. This may even proceed to the extent that the patient thinks that the only way he can help himself out what he regards as his troubled state is by physical force. These situations, by their very nature, also severely try the patience of relatives and carers. A further phenomenon that is equally incomprehensible as far as healthy people are concerned is the fact that a number of dementia patients will cry out for no apparent reason. This may also be rooted in a delusion or be simply a cry of helplessness expressed due to fear or pain that can no longer be communicated in any other way. In this subsequent stage the patient seems like a small child incapable of expressing its uneasiness in any way other than this. A further similarity with children may be discernible in the sometimes very abrupt mood swings that occur for no apparent reason.

This is also called “psychic instability”. The parallel with children suggests that dementia patients should also be treated in a similar way. However, this is only to be recommended to a limited extent. Whereas this approach may be appropriate in relation to emotional care (something to which patients consistently react very positively) it is important to ensure that there is never cause to resort to any form of punishment. The reason for this is simple: because the dementia patient is unable to learn anything, even if he wants to and however hard he tries, punishment will be completely meaningless and will lead absolutely nowhere. There is no realization of having made a mistake and such realization cannot be forced. Strictly speaking, the patient does not make any mistakes because he does not have the option to behave differently and thus “correctly”.

Alzheimer’s Disease – the most frequent form of dementia

Source: Gauthier, 1996



At the beginning of the last century the German nerve specialist, Dr. Alois Alzheimer became the first to describe the symptoms of dementia. He attended Auguste D., his patient, up to the time when she died from her illness. After her death he examined her brain and established that extensive destruction of brain cells had occurred. The most frequent form of dementia, Alzheimer’s Disease, is named after Dr. Alzheimer.

Today dementia still culminates in death at some stage, even in the absence of any additional illness. However, this can take a number of years. Experts estimate the duration of the illness at five to ten years. It is not possible to be more precise because the disorder is mostly only established once it has reached an advanced stage. Although scientists have been working for years on various early tests to diagnose Alzheimer-type dementias before the first symptoms are noticed, to date hardly anything has emerged from research based on experiments with animals.

How does this total amnesia develop?

The cause of all dementias is necrobiosis affecting nerve cells in the brain. Scientists have still not been able to determine why this happens. However, they have been able to pinpoint a number of interesting interrelated factors.

Dr. Alzheimer himself observed that, in dementia, damaging proteins, which are also called amyloids, agglutinate in the brain and are deposited in the shape of patches in certain areas. Nerve cells in the vicinity of amyloid patches of this type are no longer able to function. Research is therefore being carried out into preventing the patches from occurring or at least preventing them from agglutinating. Another approach is aimed at the dissolution of any deposits that may have already accrued. The first successes using a special injection have already been achieved – albeit only in mice.

Following injection with amyloid these rodents developed antibodies which stimulated phagocytes to destroy these patches. To date, however, there has been no successful attempts to transfer the principle to human beings because too many side effects resulted.

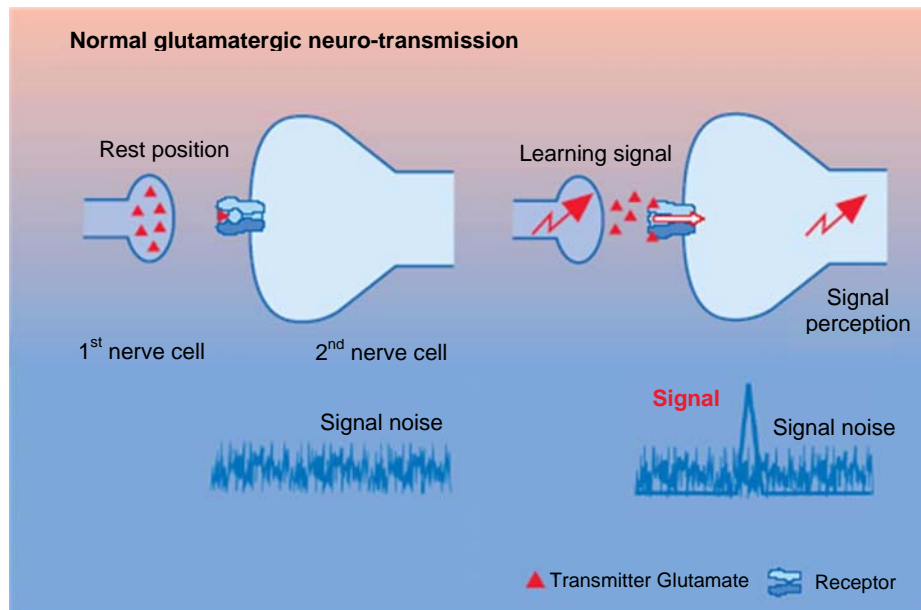
Researchers know more about how the nerve cells work together. These neurons are linked with one another by means of messenger substances (transmitters). If one of these transmitters is introduced into the gap between the nerve cells, it migrates to the neighbouring cell where it is able to dock on to a particular point, the receptor. Similar to the way a key fits into a lock, there is only ever one particular transmitter substance that will fit a receptor of this kind. If the transmitter substance reaches the correct attachment point, it initiates stimulation in the receptor cell. A simplified way of describing this could be that the nerve cells are “speaking” to each other via the transmitter.

There is a whole series of transmitters in the brain, all of which have certain tasks. If there are too many or too few of them, the delicate interplay of the nerve cells becomes disordered, resulting in neurological disturbances or mental illnesses. Whether it's depression, schizophrenia or agitated paralysis – researchers have consistently identified an imbalance of this nature in relation to transmitter substances. This is the case in dementia too: there are two transmitters in particular that play an important part – glutamate and acetylcholine.

Glutamate controls memory

The messenger substance acetylcholine is involved in learning processes. In dementia a lack of acetylcholine is implicated, as a result of which electrical impulses are no longer properly transmitted between the nerve cells. This gives rise to a number of errors in the complicated information network of the brain. New impressions are no longer correctly committed to memory – which means that effective learning is impossible. At the same time what has been learnt can no longer be retrieved and it is this that expresses itself in the disturbances to memory with which we have become familiar.

Likewise of major significance as far as the nerve cells are concerned is the transmitter glutamate. Some 70% of all neurones in the cortex function with it and important intercalatory stations in the brain are dependent on glutamate. One example of this is the hippocampus. This small but sensitive region of the brain, the shape of which is reminiscent of a seahorse, lies in the temporal lobe and is responsible for deciding whether impressions are to be committed to memory or not. Severe impairments of memory following accidents or in the case of alcoholism can mostly be attributed to damage to the hippocampus. Therefore, if glutamate reaches the attachment points on the hippocampus and other regions of the brain, the nerve cells will be stimulated and thus activated. This is what happens with learning processes.



Now, neurones in that area nevertheless have a certain minimum quantity of glutamate. But this is not enough to stimulate the nerve cell properly. This slight activation is also known as basic signal noise. The key– to go back to the comparison already used on page 20 – therefore remains in the locked position. In the case of dementia, the amount of glutamate increases so that the ground noise becomes louder. We could also say that the key is constantly being turned in the lock, but only very slightly so that it is not actually opened. If the neighbouring nerve cell now secretes additional glutamate so as to transmit an impulse it does not matter because it will be lost in the noise. The key remains in the locked position and the learning process is not successful. However, the consequences of the excessive quantity of glutamate as far as the brain is concerned are much worse than just having only one item of information or one item of memory go missing. The overdose of the messenger substance glutamate damages the nerve cells, they are actually poisoned by it, they are unable to cope any longer with long-term stimulation and are destroyed. In this way the destruction of signal channels in the brain is propagated. The more nerve cells that are lost in this way, the greater the damage as regards those brain functions which so conspicuously decline.

The battle against the decline of mental faculties

Despite all the efforts of modern medicine there is as yet no preparation that is capable of curing dementia. This circumstance has led to many people concluding that there is nothing at all that can be done about the gradual decline of mental faculties and all that remains is to simply accept our unhappy fate. This assumption, however, is fundamentally flawed! Admittedly, we have so far waited in vain for a cure, but at least there is every chance of slowing down the progress of the dementia.

And it is up to us to make use of these chances. To let such opportunities slip by means that we are robbing the patient of valuable living time and precious mental clarity. Or is this statement meaningless because dementia patients receive all the medical treatment necessary anyway? Unfortunately not, because in Germany only a fraction of patients who suffer from dementia are being properly treated. One might almost suspect that it is these people who are the first to fall victim to the health cuts that constantly plague us, the very people who are least able to defend themselves against them. In any event it is noticeable that, in international comparisons, Germany appears in a particularly bad light when it comes to the treatment of the mentally ill. Under no circumstances should relatives allow themselves to be fobbed off any longer with statements such as “Oh, Alzheimer’s – we can’t do anything about it”.

A modern course of treatment is essentially built on two pillars:

- *Drug therapy*
- *The provision of optimum care offering mental stimulus and security*

The medications that are available today for people suffering from dementia can be divided into three groups:

- *Active substances which can prevent the destruction of nerve cells by glutamate (NMDA (N-methyl-D-aspartate receptor antagonists))*
- *Acetylcholinesterase inhibitors*
- *Substances to promote the supply of blood to the brain*

How can drugs help?

Memantine slows down neurone deterioration

Nerve specialists have known about the agent Memantine for a number of years now and have used it successfully in cases of acquired brain damage. Today Memantine is available for the treatment of moderately severe and severe Alzheimer's Disease. This tried and tested substance modifies the damaging effects of glutamate on the receptors (so-called NMDA receptors). Instead of increasing the meaningless ground noise, the released transmitter, under the influence of Memantine, brings about regular stimulation of the nerve cell. Therefore the key does not just turn, it also opens the lock. In this way signals start to arrive again and the ability to learn is maintained.

Because this means that the neurones can be protected prior to the dangerous over-stimulation with glutamate and as a result kept from being destroyed, as experimental studies have shown, we also talk about protection of the nerve cells by Memantine (neuro-protection).

Glutamate attachment points only occur in the brain and spinal cord of human beings.

Memantine is very easy to tolerate. For Alzheimer patients, who are for the most part elderly and frequently also suffer from disorders of the heart, high blood pressure or rheumatism and therefore have to take a number of other drugs, this is an important consideration.

Even in cases of severe Alzheimer's Disease, Memantine can still bring about an improvement in brain function. This means that everyday abilities such as dressing, washing or going to the toilet can also be maintained for longer. It also contributes to enabling patients to be cared for in their own homes for longer so that admission to a home can be avoided for a considerable period of time.

Of course, it also means that carers have an easier time with their charges. If patients are given Memantine in the moderate stage, their mental achievements also improve. The experience of success associated with achievements of this nature raises patients' spirits and gives them an enhanced quality of life. This in turn indicates that the therapy indirectly relieves pressure on carers.

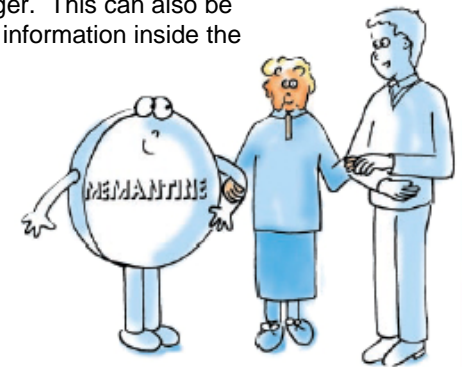
Other treatment options using drugs

Active agents like Donezepil, Rivastigmin and Galantamin prevent any acetylcholine that may have already formed in the brain from catabolizing. In this way these so-called acetylcholinesterase inhibitors ensure that the messenger substance remains available for longer. This can also be used to improve the transmission of information inside the brain.

The acetylcholinesterase inhibitors are licensed for the treatment of patients with slight to moderate Alzheimer's Disease.

Acetylcholine also frequently occurs outside the brain. This messenger substance controls the transfer of commands from the brain to the muscles.

The third group of medications is intended to improve the flow of blood to the brain. As regards these, we differentiate between chemical substances, the so-called Nootropics, and Ginkgo extracts. These are supposed to ensure that the blood vessels supplying the brain remain patent and that the nerve cells are thus nourished in the best possible way.



5.

How are patients with dementia cared for?

From the action mechanisms it is clear that these preparations are indicated especially where a dementia conditioned by a lack of blood flow is suspected.

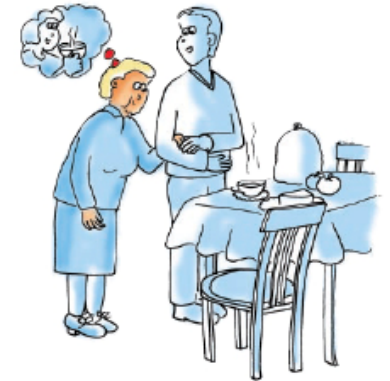
The range of drugs available suggest that drugs may be combined to treat patients with dementia. Therapy may be administered along these lines in the future.

It's not done by simply administering drugs and nothing else. If patients are to be given as much quality of life as possible, everything depends on the right care and nursing treatment. This will ensure success in keeping the patient mentally alert and active at the beginning and later in slowing down decline.

When dealing with patients it will help if you familiarize yourself with everything that we now know about this illness. This means that any approach presupposing, in terms of patient reaction, that the capacity to remember or to learn will remain intact, is completely meaningless and should be avoided. This includes explanations that the patient will not be able to grasp or any attempts to teach him something – possibly under threat or the use of punishments or rewards. Something that works beautifully for the developing brains of children will never be able to work with dementia patients. You should also avoid being drawn into discussions or accusations.

Something that patients do, on the other hand, react very positively to is any form of emotional support. Just stroking their hands or a friendly or affectionate tone can have an enormously soothing effect. There is a noticeable parallel here with small children who are easily “infected” by strong emotions on the part of others.

It is similar with dementia patients. For this reason it is also important to keep your patience and remain friendly – even if it is sometimes difficult. Patients also react to praise, regardless of how it is expressed, much better than they do to criticism. In Marcel Proust's novel “In Search of Lost Time” a certain aroma evokes a range of memories and an entire history unfolds.



Many dementia patients react just as sensitively to aromas, especially when they have played a part in their personal life stories. Because patients, as we know, tend to return, as a result of increasing memory loss, to their early past, aromas that are familiar to them from those days can put them into a particularly good and peaceful mood. For example, for the war and post-war generation, the aroma of coffee beans is fraught with particular significance. Ladies of this period also react to the perfumes that enjoyed a high degree of popularity at that time, such as “4711” or “Tosca”.

Even if, knowing how the disease progresses, there seems at first sight to be little point, dementia patients definitely need mental stimulation. Of course, this has to be adapted to suit their capabilities and under no circumstances must it be allowed to overburden them. This would in any event also have devastating consequence as far as their delicate balance of spirits is concerned. The right level of mental activity can, on the other hand, also help to maintain the remaining faculties for as long as possible. Besides, research has shown that a generous measure of mental activity right into old age will even provide healthy people with a degree of protection against dementia.

In order not to place unnecessary demands on the patient's ability to learn and to adapt or on their disturbed powers of recollection, any changes to their accustomed surroundings should be avoided. Keeping the rhythm of everyday life the same will also make orientation easier for the patient. In addition, many actions will then become “automated” for a certain time, even when conscious memory fails.

By way of an additional measure experts also recommend regular movement. The deterioration of the ability to coordinate can at least be slowed down somewhat by regular exercises and this will also help to keep the mind alert and active.

It will in addition help to prevent further illnesses that could aggravate the course of the disease even more.

15 Tips for dealing with Dementia Patients

- Give clear instructions using simple, short sentences.
- You should endeavour to adopt a caring but at the same time firm and clear tone when dealing with patients.
- If necessary repeat important information – several times if necessary.
- Specific details such as time, date, place and name will serve as an aide-mémoire for patients.
- Be patient with the patient and give him time (minutes, not seconds) for his reaction or reply.
- Be understanding – even if it is difficult sometimes.
- Pointless discussions should be avoided. Rather than insisting on your own opinion the patient should be distracted or the carer should give way.
- It is better not to hear accusations or reproaches.
- Ensure consistency and routine in the patient's daily life.
- Simple rules and firmly established habits are very helpful for all elderly people – but especially for patients with dementia.
- The standard of performance that applies to healthy people cannot be applied in the case of dementia patients.
- Praise generates more than criticism. This can also be expressed when the patient responds correctly through words, physical contact or smiling.

6.

A few concluding remarks

- The patient needs mental stimuli that will not overtax him and, in particular, he needs people to talk to.
- Concomitant disorders need to be recognized and treated early – this is also the carer's responsibility.
- Very important for elderly people: Adequate nourishment and fluid intake as well as regular movement.

Today anyone who wants his interests taken into account has to voice his feelings publicly and loudly. This is something that dementia patients, along with many other patients with mental disorders, naturally cannot do. For this reason they still find themselves at a considerable disadvantage when it comes to a number of specific types of care, even in a wealthy country like Germany, and are all the more in need of support from their relatives and specialists who are familiar with their problems.

Dementias are serious illnesses because we are not yet in a position to actually cure them. But it would be terrible if we were to simply give up in the face of grim prognoses or to fail to make use of modern diagnostic and therapeutic options or to just leave patients to themselves and the spontaneous course of their disorder. Because there are all sorts of things that can be done in association with the doctor who is treating the patient to make the latter's life considerably easier. And this will help the patient to spend his final years with quality of life and in dignity. This chance should not be allowed to slip by unused. Help is its own reward.

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Dementia – insidious forgetfulness

**Information Brochure for relatives
acting as carers and
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