

## **Early Diagnosis of Dementia.**

For a start what does early diagnosis mean?

There may be as many definitions as there are people.

So here is mine.

Early diagnosis of dementia happens, when a person is diagnosed, as soon as possible after symptoms arise.

You could have some aged 55, living alone, not seeking help who is in the later stages of the illness and whose symptoms have not been recognised. Despite the young age, this would be a late diagnosis.

Again you could have someone aged 90, hitherto active, mentally alert and agile, who starts to exhibit signs of dementia, being referred without undue delay and who is quickly diagnosed. Despite the age, this would be an early diagnosis, before the symptoms progress and get worse.

Here are some personal thoughts.

How would you feel, if you were not made aware of something, which while unpalatable to hear, might nevertheless bring some solution and benefits to you.

Why are some of the medical profession reluctant to consider, that a person with certain symptoms may have dementia, and send them for an evaluation.

Have they seen other cases where the patient has been sucked into a void and ended up as flotsam, and consequently, they genuinely fear for their patients' welfare.

Do they think they are condemning them to a nightmarish existence. Being practical, what can be done for people?

I have no doubt that due to ignorance of what is available out there, this has happened. But as Bob Dylan says "Times They Are A Changing".

People with dementia, have a much better chance of a quality life these days, as we speak out more, about what we need to help us maintain, a life as near to before as we can manage. Good support from enlightened people helps. And the powers that be are starting to listen. Is dementia not a national priority for the current Scottish Government?

I hope to convince you that the earlier a diagnosis is made, the better it is for the person, their family, their future and anybody in contact with them.

## **MEDICAL**

Depending on the type of dementia, there may be medication available which helps best in the early stages e.g. Aricept for the Alzheimer's type of dementia.

The person may well be depressed as they fought against an unseen enemy and medication can help here, until they come to terms with their illness.

The person may have behaviour/personality problems, which can be helped by medication, love, understanding and non pharmacological interventions.

The condition which caused the dementia e.g. vascular problems, can be treated with medication to help delay further deterioration. Example; help stop further Transient Ischaemic attacks.

I speak from personal experience in the last three categories.

People can be allocated a CPN (Community Psychiatric Nurse) who will keep a regular eye on them and spot problems before they become acute.

I know of someone who does not want a CPN as they see the Consultant every three months.

But they see the Consultant in a surgery, and most people dress up to see a doctor.

The Consultant cannot see how the person is living, for example the house may now be dirty and dusty, and the person may show signs of personal neglect. Eg. losing weight from the previous visit. The CPN would pick this up.

Self support groups. People with dementia can think they are a breed apart, that they are the only ones with the illness, and are no longer able to face the world.

It is important that they meet up with others at the same stage of the illness, so that they can reassure themselves they are not alone. Dementia happens to others.

## **FINANCIAL**

The person very likely has had problems at work and may even have given up work or taken early retirement.

For those still in work, there is the chance to approach the employer/union to discuss if the person can continue at the same level, or in a lighter job or if medical retirement is appropriate.

Where the person is now unwaged, it is the time to ensure that any state benefits which are payable, are claimed.

There may be reductions in Council tax and concessions available for travel.

Now is the time to take steps, to ensure that the person's funds and assets are not frozen at a later date, leading to horrific problems for the family and the person.

A POWER OF ATTORNEY can be considered while the person can understand what is involved. It can be the time to make an Advance Statement. Don't let people second guess how you would like to be treated in the future.

ADVOCACY. This can vary on where you stay and your status. If you think you may need an independent advocate to help you deal with matters, look up your nearest one. I often worry about people in rural and island areas with no or little access, and hope some day to see an advocacy helpline.

## **SOCIAL**

The person will have known "something" was wrong but not what.

It can bring relief, along with the horror, of knowing exactly what is wrong.

You can only deal effectively with a problem once you fully know the nature of it. And many do.

People can now examine their position with family, friends, church members, members of clubs and workmates and decide how to proceed e.g. how much to tell them and when, so that relationships are not strained, as people may not understand why you now may behave, speak and act in a certain way. If you are a member of a religious body, still

go to worship and receive spiritual, pastoral and congregational comfort, no matter the religion.

People can get the chance to read up on appropriate literature for themselves and for their carer. Children may be involved and there is information for them.

Booklets such as the “Don’t make The Journey Alone” (available from Alzheimer Scotland - freephone 0808 808 3000) are meant to tide people over the initial shock.

People can also subscribe to magazines, which give the latest news of the illness. But beware of claims of miracle cures.

There is much research all over the world, which I think one day will lead to prevention and/or a cure. But it is some way off.

## **SAFETY**

People can now look at things which can affect their and others safety.

Dementia is not a reason to give up driving but you are obliged to inform the DVLA and the insurance company or you may be left uninsured.

An assessment can be made to consider the suitability of further driving and if successful may be repeated on a yearly basis.

Cooking. Is it safe to continue to use a chip pan etc? It might be best to have a risk assessment or have someone nearby supervising.

Electrical odd jobs. Is it safe to continue to do so?

I liked to do odd electrical odd jobs but gave them up after working on appliances still connected to the mains.

Crossing Roads. I had a few near misses when crossing roads as my road sense had worsened.

I used to think I was still driving and move out when I saw the green light/filter arrow. I caused many a toot.

I retrained myself and I'm better now but not perfect as I still make a mistake on the odd occasion. It is worse in the afternoon when I, and many others, tire.

Trust. People can become too trusting and it is timely to remind them to take care with strangers.

## **ADAPTING TO A NEW LIFE**

People with dementia can be thoroughly discombobulated and the quicker they can get back to some form of normality the better.

The earlier you know, the easier it will be to accept the diagnosis.

With the right support, you shouldn't give up on life.

Their self- confidence will have been shattered and work to rebuild it, can start before it sinks too low.

Contact with some friends may stop but there is the chance to make new ones who know exactly what you are going through.

You can redefine your boundaries. It may be geographical, especially if you give up driving, it may be social.

You can recognize your limitations and what to avoid.

Most importantly you should not assume that you automatically give up everything.

Recognize your strengths and weakness and decide what to continue with, and see what you can do to replace any gaps. Above all enjoy your life.

So what can you, the reader do?

Remember you can have someone of 55 in the later stages of the illness and someone of 85 in the early stages. Do not confuse with early/late diagnosis, which is the time when someone actually receives a diagnosis depending on the length of their illness.

Here are (inter alia) some of the signs.

Memory loss, especially short term. Forgetting promises, birthdays, appointments and weekly meetings with friends.

Confusion in everyday life events.

Ability to perform routine, familiar tasks. Things you do without thinking such as cook a meal, use the microwave, or operate the washing machine, video or remote.

Problems counting money, knowing the value of items, or balancing their budget.

Poor judgement. Making decisions or doing something which horrifies/distresses them later.

Driving problems such as scrapes on car, minor bumps, being blasted by other drivers, hitting the kerb, misjudging distances, going through traffic signals and getting lost.

Losing or misplacing things e.g. keys. Difficulty in finding things in age old familiar places, such as the tea pot.

Changes (for the worse) in mood, behaviour or unexpected reactions to situations. Becoming unwarrantedly suspicious and accusatory and blaming others for something not right.

Unnatural outbursts of anger, aggression and agitation.

A marked change in personality, they are no longer the person you have known for years.

Persecution complex. People are ganging up to conspire against them and keeping secrets.

Apathy and/or loss in initiative. Giving up long held hobbies. A hitherto active outdoors person becomes a hermit. Sitting staring at the wall for long periods.

House and person being neglected. Dietary, hygiene, grooming and rubbish accumulating etc.

Loss of orientation to time, day of week and familiar places.

Problems with language or reverting to mother tongue. Floundering when trying to find the right word.

Restlessness, especially in the evening or night.

Problems with abstract thinking.

Jumping at noises such as the doorbell.

Note there are other potential problems, not noted here, as the illness progresses, and no one will have all or many of the symptoms. Each person is an individual.

Caution. Do not jump to conclusions. Other illnesses may mimic some of these conditions, so it is vital to get a proper assessment.