MALTESE | ENGLISH

X'INHIJA ID-DIMENSJA?

Dan il-Fuljett ta' Għajnuna jiddeskrivi d-dimensja, min ibati biha u ftit mill-iktar forom komuni tagħha. Jiddeskrivi ftit mis-sinjali bikrin tad-dimensja u jenfasizza l-importanza ta' dijanjosi medika fil-ħin.

Id-dimensja tiddeskrivi ġabra ta' sintomi li huma kkawżati minn diżordnijiet li jaffetwaw il-moħħ. Mhijiex marda speċifika waħda.

Id-dimensja taffetwa l-ħsieb, l-imġiba u l-kapaċità li jintagħmlu x-xogħlijiet ta' kuljum. Il-funzjoni tal-moħħ hija affetwata biżżejjed biex tfixkel il-ħajja soċjali jew tax-xogħol normali tal-persuna. L-iktar sinjal ċar tad-dimesja huwa l-inkapaċità li tagħmel l-attivitajiet ta' kuljum bħala konsegwenza ta' nuqqas mill-kapacità konjittiva.

It-tobba jagħmlu dijanjosi tad-dimensja jekk tnejn jew iżjed mill-funzjonijiet konjittivi jkunu neqsin sewwa. Il-funzjonijiet konjittivi affetwati jistgħu jinkludu l-memorja, il-kapaċitajiet tal-lingwa, il-fehim tal-informazzjoni, il-kapaċitajiet spazjali, l-ġudizzju u l-attenzjoni. In-nies bid-dimensja jista' jkollhom diffikultà biex isolvu l-problemi u jikkontrollaw l-emozzjonijiet tagħhom. Jistgħu wkoll jħossu bdil fil-personalità. Is-sintomi eżatti li jkollha persuna bid-dimensja jiddependu mil-liema parti tal-moħħ tkun affetwata mill-marda li tikkawża d-dimensja.

B' ħafna mill-forom tad-dimensja, xi ftit miċ-ċelluli tan-nervituri fill-moħħ ma jibqgħux jaħdmu u jitilfu l-konnessjoni ma' ċelluli oħra u jmutu. Id-dimensia hija normalment progressiva. Dan ifisser li l-marda tinfirex bil-mod mal-moħħ u maż-żmien is-sintomi tal-persuna jmorru għall-agħar.

Min ibati bid-dimensja?

Id-dimensja tista' tiġi fuq kulħadd, iżda r-riskju jiżdied mal-età. Ħafna minn dawk bid-dimensja huma anzjani, iżda huwa importanti li niftakru li ħafna mill-anzjani ma jbatux bid-dimensja. Mhijiex parti normali mill-anzjanità, iżda hija kkawżata minn marda tal-moħħ. Inqas rari, nies taħt il-65 sena jiżvilluppaw id-dimensja u din tissejjaħ 'bidu tad-dimensja fiż-żgħożija'.

Hemm xi ftit forom rari ta' dimensja li tintiret, fejn huwa magħruf li l-marda tkun ikkawżata minn mutazzjoni tal-ġene. Madankollu f' ħafna mil-każijiet tad-dimensja dawn il-ġene ma jkollhomx x' jaqsmu, iżda n-nies bi storja tad-dimensja fil-familja jkollhom riskju ikbar. Għal iktar tagħrif ara l-Fuljett ta' Għajnuna ***About Dementia: Genetics of Dementia*** (Dwar id-Dimensja: il-Ġenetika tad-Dimensja).

Ukoll ċerti fatturi tas-saħħa u l-istil ta' ħajja jidhru li għandhom parti fir-riskju li persuna jkollha tad-dimensja. In-nies li ma jkunux qegħdin jikkuraw fatturi vaskulari inkluża l-pressjoni għolja tad-demm għandhom riskju ikbar, bħalma għandhom dawk li huma inqas fiżikament u mentalment attivi. Tagħrif aġġornat u dettaljat dwar il-fatturi ta' riskju tad-dimensja jinstab f' **yourbrainmatters.org.au**

X' jikkawża d-dimensja?

Hemm ħafna mard differenti li jikkawża d-dimensja. F' ħafna mil-każijiet mhux magħruf l-għala n-nies jiżvilluppaw dan il-mard. Ftit mill-forom komuni tad-dimensja huma:

Il-marda ta' Alzheimer (Alzheimer's disease)

Il-marda ta' Alzheimer hija l-aktar forma komuni tad-dimensja, li tinsab f'madwar tnejn minn kull tlett każijiet. Tikkawża tnaqqis gradwali tal-kapaċitajiet konjittivi li spiss jibda bit-telf tal-memorja.

Il-marda ta' Alzheimer hija karatterizzata b' żewġ anormalitajiet fil-moħħ – tartru ta' proteina anormali u għoqdiet newrofibrillanti. It-tartru huwa ġemgħat anormali ta' proteina msejħa beta amyloid. L-għoqdiet huma qatgħet ta' filamenti magħwġin magħmulin minn proteina msejħa tau. Dawn l-għoqdiet u t-tartru jwaqqfu l-komunikazzjoni bejn iċ-ċelluli tan-nervi u jwassluhom biex imutu. Għal iktar tagħrif ara l-Fuljett ta' Għajnuna *About Dementia: Alzheimer's disease* (Dwar id-Dimensja: il-marda ta' Alzheimer).

Dimensja vaskulari (Vascular dementia)

Id-dimensja vaskulari hija ħsara konjittiva b' riżultat ta' ħsara fit-tubi tad-demm fil-moħħ. Din tista' tkun ikkawżata minn puplesija waħda jew minn ħafna puplesiji żgħar matul firxa ta' żmien.

Id-dijanjosi tad-dimensja vaskulari ssir meta jkun hemm prova ta' mard tat-tubi tad-demm fil-moħħ u funzjoni konjittiva difettuża li tfixkel il-ħajja ta' kuljum. Is-sintomi tad-dimensja vaskulari jistgħu jidhru malajr wara puplesija jew jibdew bil-mod hekk kif il-marda tat-tubi tad-demm tmur għall-agħar. Is-sintomi ivarjaw skont il-post u l-kobor tal-ħsara fil-moħħ. Tista' taffetwa waħda jew ftit mill-funzjonijiet speċifiċi konjittivi. Id-dimensja vaskulari tista' tidher bħall-marda ta' Alzheimer u

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taħlita tal-marda ta' Alzheimer u d-dimensja vaskulari hija komuni mhux ħażin. Għal iktar tagħrif ara l-Fuljett ta' Għajnuna ***About Dementia: Vascular Dementia*** (Dwar id-Dimensja: Dimensja Vaskulari).

Il-marda bid-depożiti Lewy (Lewy body disease)

Il-marda bid-depożiti Lewy hija karatterizzata bil-preżenza ta' depożiti Lewy fil-moħħ. Id-depożiti Lewy huma ċapep anormali tal-proteina alfa-sinukleina (alpha-synuclein) li jiżviluppaw fiċ-ċelluli tan-nervi. Dawn l-anormalitajiet jidhru f' oqsma speċifiċi tal-moħħ u jikkawżaw tibdil fil-moviment, fil-ħsieb u fl-imġiba. In-nies bil-marda tad-depożiti Lewy jistgħu jħossu flutwazzjonijiet kbar fl-attenzjoni u l-ħsieb. Jistgħu jgħaddu minn aġir kważi normali għal konfużjoni kbira fi żmien qasir. L-allucinazzjoniet viżwali huma wkoll sintomu komuni.

Tliet diżordnijiet flimkien jistgħu jkunu inklużi mal-marda tad-depożiti Lewy:

- Dimensja bid-depożiti Lewy
- Il-marda ta' Parkinson
- Dimensja bil-marda ta' Parkinson

Meta s-sintomi tal-moviment jidhru l-ewwel, ta' spiss issir dijanjosi tal-marda ta' Parkinson. Mal-progress tal-marda ta' Parkinson ħafna min-nies jiżviluppaw id-dimensja. Meta jidhru l-ewwel is-sintomi konjittivi, id-dijanjosi tkun ta' dimensja bid-depożiti Lewy.

Il-marda tad-depożiti Lewy kultant taħbat mal-marda ta' Alzheimer u/jew id-dimensja vaskulari. Għal iktar tagħrif ara Il-Fuljett ta' Għajnuna ***Lewy body disease*** (Il-marda bid-depożiti Lewy).

Dimensja Lobari tan-Ngħas u tal-Ġbin (Frontotemporal dementia)

Id-dimensja Lobari tan-Ngħas u tal-Ġbin (Frontotemporali) tinvolvi ħsara progressiva fil-lobi frontali u/jew temporali tal-moħħ. Ħafna drabi s-sintomi jibdew fl-etajiet tal-ħamsinijiet jew sittinijiet u xi drabi wkoll qabel. Id-dimensja tan-Ngħas u l-Ġbin tippreżenta ruħha f' żewg forom prinċipali- frontali (tinkludi sintomi fl-imġiba u tibdil fil-personalità) u temporali (tinkludi difetti fil-lingwa). Madankollu ta' spiss it-tnejn ikunu flimkien.

Billi il-lobi frontali tal-moħħ jikkontrollaw il-ġudizzju u l-imġiba soċjali, in-nies bid-dimensja frontotemporali ħafna drabi jsibuha diffiċli biex iġibu ruħhom soċjalment kif jixraq. Jistgħu jkunu psatas, jitraskuraw ir-resposabbiltajiet normali, jkunu kompulsivi jew ripetittivi, jkunu aggressivi, juru nuqqas ta' mistħija u jaġixxu b' mod impulsiv.

Hemm żewġ forom prinċipali tal-varjant temporali jew tal-lingwa tad-dimensja frontotemporali. Dimensja semantika li tinvolvi t-telf gradwali tat-tifsir tal-kliem, problemi biex isibu l-kelma u biex jiftakru l-ismijiet tan-nies u diffikultajiet biex jifhmu l-lingwa. In-nuqqas progressiv ta' kapaċità li jkunu fluwenti fil-lingwa huwa inqas komuni u jaffetwa l-abbiltà li jitkellmu b' mod fluwenti.

Id-dimensja frontotemporali xi drabi tissejjaħ deġenerazzjoni tal-lobi frontotemporali jew il-marda ta' Pick. Għal iktar tagħrif ara il-Fuljett ta' Għajnuna ***About Dementia: Frontotemporal dementia*** (Dwar id-Dimensja: Id-Dimensja frontotemporali) jew mur fil-websajt tal-grupp Frontier research **neura.edu.au**.

Hija dimensja?

Hemm numru ta' kundizzjonijiet li jipproduċu sintomi bħal tad-dimensja. Dawn ħafna drabi jistgħu jkunu kkurati. Jinkludu defiċjenzi ta' xi vitamini u ormoni, dipressjoni, effeti ta' mediċini, infezzjonijiet u tumuri tal-moħħ.

Huwa essenzjali li ssir dijanjosi medika malajr malli s-sintomi jidhru għall-ewwel darba biex ikun żgurat li l-persuna li jkollha kundizzjoni kurabbli ssirilha dijanjosi u tkun ikkurata kif suppost. Jekk is-sintomi jkunu kkawżati mid-dimensja, dijanjosi bikrija tkun tfisser aċċess minn kmieni għas-sapport, għall-informazzjoni u għad-duwa jekk tkun disponibbli.

X' inhuma s-sinjali bikrin tad-dimensja?

Is-sinjali bikrin tad-dimensja jistgħu jkunu sottili ħafna u vagi u jistgħu ma jkunux ovvji mall-ewwel. Ftit sintomi komuni jistgħu jinkludu:

- Telf tal-memorja progressiv u ta' spiss
- Konfużjoni
- Tibdil tal-personalità
- Apatija u rtirar
- Telf tal-kapaċita fit-twettiq tax-xogħol ta' kuljum

X' jista' jsir bħala għajnuna?

Fil-preżent m' hemm l-ebda kura għal ħafna mill-forom tad-dimensja. Madankollu nstab li xi mediċini jnaqqsu ftit mis-sintomi. Is-sapport huwa meħtieġ għan-nies bid-dimensja u l-għajnuna tal-familji, tal-ħbieb u ta' dawk li jduru b' ħaddieħor tista' tagħmel differenza pożittiva fl-immaniġġar tal-kundizzjoni.

IKTAR TAGĦRIF

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Interpreter

Għal għajnuna lingwistika ċempel is-Servizz Telefoniku tat-Traduzzjoni u l-Interpretar fuq **131 450**

Din il-pubblikazzjoni tagħti ġabra biss dwar is-suġġett trattat. In-nies għandhom jitolbu parir professjonali dwar il-kas speċifiku tagħhom. Alzheimer's Australia mhijiex responsabbli għall-iżbalji jew l-ommissjonijiet f'din il-pubblikazzjoni

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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 on *About Dementia: 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: 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

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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: 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: 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

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

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

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. Alzheimer's Australia is not liable for any error or omission in this publication.

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