

# ID-DIJANJOSI TAD-DEMENTIA

MALTESE

Dan il-Fuljett ta' Ghajjnuna jaghti taghrif dwar is-sinjali bikrin tad-dementia u l-modi ta' kif issir id-dijanjosji. Issir enfasi fuq l-importanza ta' dijanjosji bikrija u korretta.

## X'inhuma s-sinjali bikrin tad-dementia?

Is-sinjali bikrin tad-dementia huma sottili u vagi u jistghu ma jkunux jidhru malajr. Is-sintomi bikrin jistghu wkoll ivarjaw hafna. Normalment madankollu n-nies jibdeu jinnotaw li ghandhom xi problema bil-memorja, partikolarment biex jiftakru grajjiet ricenti.

### Sintomi komuni ohra jinkludu:

- Konfuzjoni
- Bdil fil-personalita`
- Apatija u rtirar
- Telfien ta' kapacita` f'xoghlijiet ta' kuljum

Kultant in-nies ma jintebhux li daww is-sintomi jindikaw li xi haga mhijjex f'potha. Jistghu b'mod zbaljat jassumu li mgiba bhal dik hija parti normali tal-process tax-xjuhija. Inkella ssintomi jistghu jizviluppaw gradwalment u ma jkunux innutati ghal zmien twil. Kultant xi whud ma jkunux iridu jagixxu wkoll meta jkunu jafu li xi haga mhijjex sewwa.

## Sinjali ta' twissija

Din hija lista biex ticcekkja s-sintomi komuni tad-dementia. Imxi mal-lista u mmarka s-sintomi li jezistu. Jekk tnizzel hafna marki, kellew tabib biex jezaminak sewwa.

### Telfien tal-memorja li jaffettwa l-funzjonament ta' kuljum

Huwa normali li kultant tinsa l-appuntamenti jew in-numru tat-telefon talhbieb u tiftakarhom aktar 'l quddiem. Persuna bid-dementia tista' tinsa l-affarijiet iktar ta' sikwit jew ma tiftakarhom qatt.

### Diffikulta` biex taghmel xoghlijiet familjari

In-nies jistghu jkunu distratti minn hin ghalliehor u jistghu jinsew iservu parti mill-ikla. Persuna bid-dementia jista' jkollha diffikulta` bil-passi kollha mehtiega biex thejji ikla.

### Konfuzjoni fil-hin u l-post

Huwa normali li tinsa l-jum tal-gimgha – ghal mument. Persuni bid-dementia jista' jkollhom diffikulta` biex isibu t-triq lejn post li jkunu jafuh jew ikunu konfuzi dwar fejn qeghdin.

wirrt sein und nicht wissen, wo sie sich befindet.

### Diffikulta` bil-lingwa

Kultant kulhadd ikollu diffikulta` biex isib il-kelma ezatta, izda persuna bid-dementia tista' tinsa il-kliem hafif jew iddahhal minflokhom kliem li ma jogghodx u jkun diffiqli biex tifhimhom.

### Problemi bil-hsebijiet astratti

L-ibbilancjar tal-ktieb tac-cekkijiet jista' jkun tqil ghal kulhadd izda persuna bid-dementia tista' ssibha bi tqila biex tkun taf xi jfissru n-numri.

### Gudizzju nieqes jew fqir

Persuna bid-dementia issibha diffiqli biex tikkalkula d-distanza jew id-direzzjoni meta tkun qeghda ssuq.

### Problemi bit-telf ta' l-oggetti

Kulhadd jista' jitlef ghal ftit il-kartiera jew ic-cwieviet. Persuna bid-dementia tista' tqieghed l-oggetti f'postijiet mhux addattati.

### Bidliet fil-personalita` jew l-imgiba

Kulhadd ikun imdejjaq jew bil-buri xi kultant. Dawk bid-dementia jistghu jibdlu l-buri malajr ghal ebda raguni. Jistghu jsiru konfuzi, suspettuzi jew irtirati fihom infushom.

### Telfien ta' l-inizjattiva

Huwa normali li tiddejjaq minn xi attivajiet. Madankollu d-dementia tista' ggieghel persuna titlef l-interess f'attivajiet li qabel kienet tiehu gost taghmel.

Bazat fuq taghrif minn Alzheimer's Association USA.

FIGHTDEMENTIA.ORG.AU NATIONAL DEMENTIA HELPLINE 1800 100 500

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## Ftakar

Ftakar li hafna kundizzjonijiet ghandhom sintomi jixbhu lil dawk tad-dementia, ghalhekk tassumix li xi hadd ikollu d-dementia ghax ikollu xi ftit missintomi. Puplesiji, d-dipressjoni, l-alkoholizmu, l-infezzjonijiet, id-dizordnijiet ta' l-ormoni, nuqqas ta' nutrizzjoni u t-tumuri tal-mohh jistgħu kollha jkollhom sintomi bhal tad-dementia. Hafna minn dawn il-kundizzjonijiet jistgħu jkunu kkurati.

## Dijanjosji korretta hija importanti

Huwa importanti li t-tabib ikun kkonsultat fi stadju bikri. Tabib biss jista' jagħmel dijanjosji tad-dementia.

Assessjar mediku u psikologiku kompli jista' jidentifika kundizzjoni li tista' tkun ikkurata jew jikkonferma l-prezenza tad-dementia.

## Assessjar jista' jinkludi dan li gej:

- L-istorja medika dettaljata, pprovduta, jekk ikun possibbli, mill-persuna bis-sintomi kif ukoll minn xi qarib jew habib/a. Dan jghin biex ikun stabbilit jekk kienx hemm bidu u progress tas-sintomi bil-mod jew f'daqqa wahda.
- Ezami fiziku u newrologiku dettaljat li jinkludi testijiet tas-sensi u l-funzjonament tal-movimenti biex ikunu eskluzi kundizzjonijiet ohra u biex ikunu identifikati l-kundizzjonijiet medici li jistgħu jgharrqu l-konfuzjoni assocjati mad-dementia.
- Testijiet fil-laboratorju fosthom varjeta` ta' testijiet tad-demem u l-awrina biex tkun identifikata l-possibilita` ta' marda li tkun responsabbli għas-sintomi
- Test newropsikologiku biex jidentifika il-kapacitajiet ritenuti u s-sezzjonijiet ta' problemi specifici bhal nġhidu ahna fil-komprensjoni, fil-fehma u fil-gudizzju
- Testijiet ohra speċjalizzati bħalma huma x-ray tas-sider, ECG jew CT scan
- Test ta' l-istat mentali biex ikun iccekkjat x'firxa ta' funzjonijiet intellettuali bħal memorja, l-kapacita` tal-qari, tal-kitba u talkalkolu li jistgħu jkunu affettwati mid-dementia
- Assessjar psikjatriku biex ikun identifikati l-kundizzjonijiet li jistgħu jigu kkurati bhaddipressjoni li tista' tkun tixbah id-dementia u biex ikun mmanigjati s-sintomi psikjatrici bħall-ansjeta` jew id-deluzjonijiet li jistgħu jkunu prezenti flimkien mad-dementia

## Fejn tibda

L-ahjar li tibda l-process dijanjostiku huwa mattabib li, wara li jistudja s-sintomi u jordna t-testijiet mehtiega, ikun jista' jagħmel dijanjosji preliminarja jew jirreferi l-persuna lejn speċjalista mediku bħal newrologu, gerjatra jew psikjatra.

Xi whud jistgħu ma jaqblux ma' l-idea li jmorru jaraw tabib. Xi drabi whud ma jirrealizzawx jew jichdu li mhumix f'sikkithom. Dan jista' jkun minhabba l-bidliet fil-mohh kawzati mid-dementia u li jfixxlu l-kapacita` li persuna tagħraf u tapprezza l-problemi li jkollha tal-memorja. Ohrajn, li jkunu għadhom jifhmu, jistgħu jkunu jibzghu li jkollhom il-biza` tagħhom ikkonfermat.

Wiehed mill-iktar modi effettivi biex tingheleb din il-problema huwa li tinstab raguni ohra għal zjara lit-tabib. Forsi tissuggerixxi ezami tal-qalb, biex ticcekkja l-pressjoni jew revizjoni ta' xi kura li tkun ilha sejra għal zmien twil. Mod iehor huwa li tissuggerixxi li t-tnejn tkunu wasaltu biex ikollkom ezami fiziku. Qis li tipprovi hafna rassigurazzjoni. Attitudni kalma u ta' hsieb f'dan iz-zmien tista' tghin biex jinghelbu l-biza' u t-thassib tal-persuna.

## Jekk il-persuna tibqa' ma tridx tmur għand it-tabib:

- Tkellem ma' familji ohra u dawk li jiehdu hsieb haddiehor li setghu kellhom ihabbtu wicchom ma' l-istess sitwazzjoni
- Ikkuntattja lit-Tim ta' l-Assessar tal-Kura għall-Anzjani (Aged Care Assessment Team – ACAT)
- Cempel il-Linja Nazzjonali tal-Għajnuna fid-Dementia

## IKTAR TAGHRIF

Alzheimer's Australia toffri sapport, tagħrif, edukazzjoni u pariri. Ikkuntattja l-Linja Nazzjonali ta' Għajnuna fid-Dementia fuq **1800 100 500**.

Għal iktar tagħrif u biex tara l-Fuljetti ta' Għajnuna l-ohra zur il-websajt tagħna f' [fightdementia.org.au](http://fightdementia.org.au)

# DIAGNOSING DEMENTIA

This Help Sheet provides information about the early signs of dementia and the techniques used to diagnose dementia and the importance of an early and correct diagnosis.

## What are the early signs of dementia?

Because the diseases that cause dementia develop gradually, the early signs may be very subtle and vague, and not immediately obvious. Early symptoms also depend on the type of dementia and vary a great deal from person to person.

### Common early symptoms include:

- Memory problems, particularly remembering recent events
- Increasing confusion
- Reduced concentration
- Personality or behaviour changes
- Apathy and withdrawal or depression
- Loss of ability to do everyday tasks

Sometimes people fail to recognise that these symptoms indicate that something is wrong. They may mistakenly assume that such behaviour is a normal part of ageing, or symptoms may develop so gradually they go unnoticed for a long time. Sometimes people may be reluctant to act even when they know something is wrong.

## Warning signs

This is a checklist of common symptoms of dementia. Go through the list and tick any symptoms that are present. If there are several ticks, consult a doctor for a complete assessment.

### Memory loss that affects day-to-day function

It's normal to occasionally forget appointments and remember them later. A person with dementia may forget things more often or not remember them at all.

### Difficulty performing familiar tasks

People can get distracted and they may forget to serve part of a meal. A person with dementia may have trouble with all the steps involved in preparing a meal.

### Disorientation to time and place

A person with dementia may have difficulty finding their way to a familiar place, or feel confused about where they are, or think they are back in some past time of their life.

### Problems with language

Everyone has trouble finding the right word sometimes, but a person with dementia may forget simple words or substitute inappropriate words, making them difficult to understand. They might also have trouble understanding others.

### Problems with abstract thinking

Managing finances can be difficult for anyone, but a person with dementia may have trouble knowing what the numbers mean or what to do with them.

### Poor or decreased judgement

Many activities require good judgement. When this ability is affected by dementia, the person may have difficulty making appropriate decisions, such as what to wear in cold weather.

### Problems with spatial skills

A person with dementia may have difficulty judging distance or direction when driving a car.

### Problems misplacing things

Anyone can temporarily misplace a wallet or keys. A person with dementia may often put things in inappropriate places.

### Changes in mood, personality or behaviour

Everyone becomes sad or moody from time to time. Someone with dementia can exhibit rapid mood swings for no apparent reason. They can become confused, suspicious or withdrawn. Some can become disinhibited or more outgoing.

### A loss of initiative

It's normal to tire of some activities. However, dementia may cause a person to lose interest in previously enjoyed activities.

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## It may not be dementia

Remember that many conditions have symptoms similar to dementia, so do not assume that someone has dementia just because some of the above symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms. Many of these conditions can be treated.

## A correct diagnosis is important

Consulting a doctor at an early stage is critical. Only a medical practitioner can diagnose dementia. A complete medical assessment may identify a treatable condition and ensure that it is treated correctly, or it might confirm the presence of dementia.

### An assessment may include the following:

- Medical history – the doctor will ask about past and current medical problems, family medical history, any medications being taken, and the problems with memory, thinking or behaviour that are causing concern. The doctor may also wish to speak to a close family member who can help provide all the necessary information.
- Physical examination – this may include tests of the senses and movement function, as well as heart and lung function, to help rule out other conditions.
- Laboratory tests – will include a variety of blood and urine tests to identify any possible illness which could be responsible for the symptoms. In some cases, a small sample of spinal fluid may be collected for testing.
- Neuropsychological or cognitive testing – a variety of tests are used to assess thinking abilities including memory, language, attention and problem solving. This can help identify specific problem areas, which in turn helps identify the underlying cause or the type of dementia.
- Brain imaging – There are certain scans that look at the structure of the brain and are used to rule out brain tumours or blood clots in the brain as the reason for symptoms, and to detect patterns of brain tissue loss that can differentiate between different types of dementia. Other scans look at how active certain parts of the brain are and can also help discriminate the type of dementia.
- Psychiatric assessment – to identify treatable disorders such as depression, and to manage any psychiatric symptoms such as anxiety or delusions which may occur alongside dementia.

## Where to begin

The best place to start is with the person's doctor. After considering the symptoms and ordering screening tests, the doctor may offer a preliminary diagnosis or refer the person to a medical specialist such as a neurologist, geriatrician or psychiatrist.

Some people may be resistant to the idea of visiting a doctor. Sometimes people are in denial or do not realise that there is anything wrong with them. This can be due to the brain changes of dementia that interfere with the ability to recognise or appreciate the changes occurring. Others, who do have insight into their condition, may be afraid of having their fears confirmed. One of the best ways to overcome this problem is to find another reason to visit the doctor. Perhaps suggest a blood pressure check or a review of a long-term condition or medication. Another way is to suggest that it is time for both of you to have a physical check-up. A calm attitude at this time can help overcome the person's worries and fears.

### If the person still will not visit the doctor:

- Talk with other families and carers who may have had to deal with similar situations
- Talk to the person's doctor for advice
- Contact your local Aged Care Assessment Team (ACAT). Call **1800 200 422** for information
- Call the National Dementia Helpline on **1800 100 500**

For more detailed information about the early signs of dementia and seeking help from a doctor, download the *Worried About Your Memory?* booklet from the Alzheimer's Australia website or call the National Dementia Helpline to order a copy.

## 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](http://fightdementia.org.au)



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