

诊断痴呆症

MANDARIN | ENGLISH

本须知介绍了痴呆症的早期体征以及诊断痴呆症所用的技术，说明了及早正确诊断的重要性。

痴呆症有什么早期体征？

造成痴呆症的疾病是逐渐发展的，所以早期体征可能非常细微模糊，不会马上察觉。早期症状还取决于痴呆症的类型，并且因人而异，大不相同。

常见的早期症状包括：

- 记忆问题，特别是难以记住最近发生的事
- 越来越糊涂
- 注意力下降
- 性格或行为变化
- 无动于衷，沉默寡言或抑郁寡欢
- 失去做日常工作的能力

有时候人们认识不到这些症状表明出现了问题。他们可能误以为这类行为是老年化的一个正常部分，症状也可能逐渐发展，以至于很长时间都没有注意到。有时候，人们即使知道出现了问题，也可能不情愿采取行动。

征兆

这是一份痴呆症常见症状的检核清单。查阅清单，勾选已有的症状。如果勾选数项，请找医生做全面评估。

记忆力丧失影响日常功能

偶尔忘记预约，稍后又记起，这是很正常的。但患有痴呆症的人可能更健忘，或者根本就记不起来。

做熟悉的工作出现困难

人们可能会分神，忘记把一部分饭菜端上桌。但患有痴呆症的人可能会在做饭的所有步骤都碰到困难。

搞不清时间和地点

患有痴呆症的人可能找到去熟悉地方的路都有困难，搞不清自己在哪里，或者以为自己回到了过去。

语言方面的问题

每个人有时都会碰到找不到合适词语的情况，但患有痴呆症的人可能会把简单的词语都忘记，或者换用不恰当的词语，使其表达难以理解。他们也可能难以理解他人。

抽象思维方面的问题

对于任何人来说，管理财务都可能是一件难事，但患有痴呆症的人可能不知道这些数字的含意，或者不知道怎么处理这些数字。

判断力变差或下降

许多活动都要求有良好的判断力。在这种能力受到痴呆症影响时，病人可能难以做出适当的决定，如冷天穿什么衣服。

空间技能方面的问题

患有痴呆症的人驾车时可能难以判断距离或方向。

记不起东西放在哪里

任何人都可能暂时想不起钱包或钥匙放在哪里了。而患有痴呆症的人可能经常把东西放在不当的地方。

情绪、性格或行为变化

每个人偶尔都会感到难过或郁闷。患有痴呆症的人的情绪可能会变得反复，而且没有明显理由。他们可能变得糊涂、多疑或孤僻。有些人可能会失去约束，或者变得更外向。

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2 痴呆症简介

□ 失去主动性

人们对一些活动感到厌倦，这很正常。但痴呆症可导致病人对以前喜爱的活动失去兴趣。

可能不是痴呆症

请记住：许多疾病的症状与痴呆症相似，因此不要只因为有上述一些症状，就以为某人患有痴呆症。中风、抑郁、酗酒、感染、荷尔蒙紊乱、营养缺乏和脑瘤都可能产生与痴呆症相似的症状。在这些疾病中，许多都能治疗。

正确诊断非常重要

及早看医生非常关键。只有医生才能诊断痴呆症。全面医疗评估可能会找出能够治疗的疾病，确保对其进行正确的治疗，或者可能对痴呆症做出确诊。

评估可能包括以下方面：

- 病史 - 医生会询问过去和现在的病症、家族病史、所服用的任何药物以及令人担忧的记忆力、思维或行为问题。医生还可能想跟能够帮助提供所有必要信息的近亲家庭成员谈谈。
- 体检 - 这可能包括检测感觉和运动功能以及心肺功能，帮助排除其它病症。
- 实验室检验 - 包括各种验血和验尿，以确定可能造成这些症状的任何疾病。在一些情况下，可能会采集一个较小的脊液样本来进行检验。
- 神经心理或认知检测 - 利用各种检测来评估思维能力，包括记忆力、语言能力、注意力以及解决问题的能力。这可能有助于找出特定的问题领域，进而帮助找出潜在的原因或痴呆症类型。
- 脑造影 - 有些扫描检查大脑结构，用于排除症状是脑瘤或大脑血栓造成的，并且检测脑组织损失模式，这可以用于区分不同类型的痴呆症。其它扫描检查大脑某些部分的活跃程度，也可以帮助区分痴呆症的类型。
- 精神病评估 - 确定抑郁症之类的可治疗病症，控制可能与痴呆症一同产生的焦虑或妄想等任何精神病症状。

从哪里开始

一开始最好找病人的医生。在考虑症状及安排筛选测试之后，医生可能会做出初步诊断，或者将病人转诊给神经病专家、老年病专家或精神病医师等专科医生。

有些人可能对看医生有抵触心理。有时候，人们没有意识到自己出现问题，或者刻意否认。这种情况可能是因为痴呆症造成了大脑变化，妨碍了辨认或意识到所发生变化的能力。其他人即使确实对自己的病况有所觉察，也可能害怕自己担心的情况得到证实。克服这个问题的最佳方法之一，就是另一个看医生的理由。也许可以提议做一次血压检查，或者对长期病症或药物进行复查。另一种方法就是提议你们两人都做一次体检。在这种时候，保持平静态度，可以帮助病人克服忧虑和担心。

如果病人还是不愿看医生：

- 与其他家人和照顾者谈谈，他们可能应付过类似情况。
- 向病人的医生咨询。
- 与当地的老年护理评估小组(ACAT)联系。致电 **1800 200 422** 查询。
- 致电全国痴呆症帮助热线 **1800 100 500**

有关痴呆症早期体征及寻求医生帮助的详情，请从澳大利亚阿耳兹海默氏病协会网站下载《**担心您的记忆力问题?**》手册，或者致电全国痴呆症帮助热线预订一份手册。

详情

澳大利亚阿耳兹海默氏病协会提供支持、信息、教育和心理辅导。请联络全国痴呆症帮助热线：**1800 100 500**，或浏览我们的网站：fightdementia.org.au。



Interpreter

若需要语言方面的帮助，请致电口笔译服务处电话：**131 450**。

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



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