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 an early medical diagnosis.

Dementia is a word used to describe many illnesses that make the way people think and act change and keep changing. It is a word that is used to describe a loss of the ability to think and act and react how most people usually would.

Who gets dementia?

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. Dementia can happen to anybody, but it is more common after the age of 65 years. Rarely, people in their 40s and 50s and even sometimes much younger can also have dementia.

What causes dementia?

There are many different forms of dementia and each has its own causes. Some of the most common forms of dementia are:

Alzheimer’s disease

Alzheimer’s disease is the most common form of dementia and accounts for about two-thirds of all cases. It is an illness that gets worse over time and damages brain cells. Abnormal material builds up as ‘tangles’ or twisted fibres in the centre of the brain cells, and ‘plaques’ or hard bits of protein material outside the brain cells. These disrupt messages within the brain and damage connections between brain cells. The brain cells eventually die and this means that information cannot be recalled or understood. As Alzheimer’s disease affects each area of the brain, different functions or abilities are lost.

Vascular dementia

Vascular dementia is the broad term for dementia associated with problems of circulation of blood to the brain. There are a number of different types of vascular dementia. Two of the most common are multi-infarct dementia and Binswanger’s disease. Multi-infarct dementia is caused by a number of small strokes, called mini-strokes or transient ischaemic attacks (TIA). Binswanger’s disease (also known as subcortical vascular dementia) is associated with stroke-related changes to the brain. It is caused by high blood pressure, thickening of the arteries and not enough blood flow. Vascular dementia may appear similar to Alzheimer’s disease, and a mixture of Alzheimer’s disease and vascular dementia occurs in many people.

Parkinson’s disease

Parkinson’s disease is a disease of the brain that develops over time and causes tremors, stiffness in limbs and joints, speech problems and difficulty in starting physical movements. Many people with Parkinson’s disease eventually develop dementia. Drugs may improve the physical symptoms, but can have side effects.

Lewy body disease

Lewy body disease is caused by the death of nerve cells in the brain. The name comes from the presence of abnormal round structures, called Lewy bodies, which develop inside nerve cells. People who have Lewy body disease tend to see things (visual hallucinations), experience stiffness or shakiness (parkinsonism), and their condition tends to change quite rapidly, often from hour-to-hour or day-to-day. These symptoms allow it to be told apart from Alzheimer’s disease. However, this is not always easy because other changes in thinking can be very similar to those in Alzheimer’s disease. Lewy body disease sometimes happens along with Alzheimer’s disease and/or vascular dementia.

It may also be hard to tell Lewy body disease and Parkinson’s disease apart and some people who have Parkinson’s disease develop a dementia similar to that seen in Lewy body disease.

Frontotemporal dementia

This is the name given to a group of dementias when there is degeneration in one or both of the frontal and temporal lobes of the brain (behind the forehead and the sides of the head near your ears). It includes behavioural variant frontotemporal dementia, progressive non-fluent aphasia, semantic dementia and Pick’s disease. About a third of people with frontotemporal dementia have a family history of dementia. Those who inherit it often have a change in the tau protein gene (tau protein helps move messages from one brain cell to another) leading to abnormal tau protein being produced. In most cases however, the cause is not known.
Huntington’s disease
Huntington’s disease is an inherited, degenerative brain disease that affects the mind and body. It usually appears between the ages of 30 and 50 and is identified by intellectual decline (losing the ability to think clearly) and sudden, uncontrolled movement of the arms and legs or facial muscles. Other symptoms include personality changes, memory problems, slurred speech, poor judgement and psychiatric problems. There is no treatment available to stop the disease getting worse, but medication can control movement disorders and psychiatric symptoms. Dementia occurs in the majority of cases.

Alcohol related dementia (Korsakoff’s syndrome)
Too much alcohol, particularly if together with a diet lacking in thiamine (Vitamin B1) can lead to irreversible brain damage. If drinking stops there may be some improvement.

This dementia is preventable. The National Health & Medical Research Council of Australia’s recommendations for the safe use of alcohol are that men and women should drink no more than 2 standard drinks daily. Alcohol related dementia and Korsakoff’s syndrome has not been reported in people drinking regularly at or below these levels. The parts of the brain most at risk are those used for memory, planning, organising, judgement, social skills and balance. Taking thiamine (B1) appears to help prevent and improve the condition.

Creutzfeldt-Jacob disease
Creutzfeldt-Jacob disease is an extremely rare, fatal brain disorder caused by a protein particle called a prion. It occurs in one in every million people per year. Early symptoms include failing memory, changes of behaviour and lack of coordination. The disease usually gets worse very quickly and confused thinking becomes obvious, uncontrolled movements appear, and the person may become blind, develop weakness in the arms or legs and finally, fall into a coma.

Is it dementia?
There are a number of conditions that produce symptoms similar to dementia. By treating these conditions, the symptoms will disappear. These include low levels of some vitamins and hormones, depression, medication clashes or taking too much medicine, infections and brain tumours.

It is necessary to see a doctor to get a diagnosis as early as possible 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 medicine if it is available.

Can dementia be inherited?
This will depend on the cause of the dementia, so it is important to have a firm medical diagnosis. If there are concerns about the risk of inheriting dementia, see your doctor or Aboriginal Health Worker or contact Alzheimer’s Australia to speak to a counsellor. Most cases of dementia are not inherited.

What are the early signs of dementia?
The early signs of dementia are very hard to spot and so may not be obvious straight away. Some common symptoms may include:

- Finding it hard to remember things more and more often
- Confusion
- Personality change, people don’t seem like their old selves
- Lack of interest and not wanting to be around other people
- Not able to do everyday tasks

What can be done to help?
At present there is no prevention or 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.