

Dementia in older adults

Dementia is a leading cause of disability among the elderly, with Alzheimer's disease by far the most prevalent cause of dementia.¹ The incidence of Alzheimer's increases exponentially with age among individuals over age 64, reaching over 30 percent among those over age 80.^{1,2} Alzheimer's disease and vascular dementia are contributory causes of death for over a fifth of those over age 85, and are associated with up to a four-year decrease in life expectancy.³ Dementia is the most common reason for placement of the elderly in nursing facilities.⁴

Unfortunately, detection and treatment of dementia varies, raising concern that it is both under-recognized and under-treated.⁵ The information presented here may help with its early detection and management.

Studies show that some patients referred to specialists with a diagnosis of dementia have a potentially reversible structural, toxic, or metabolic condition.⁶⁻⁸ Among these studies, the percentages of patients with reversible dementia varied widely: from 0 to 23 percent for partial and from 0 to 10 percent for full reversal of dementia symptoms when these causes were identified and treated.^{7,8}

The most common reversible etiologies of dementia are depression and polypharmacy.⁷

Cholinesterase inhibitors may delay cognitive decline and loss of daily living skills among patients with mild to moderate Alzheimer's disease.⁹⁻¹⁴ Maintaining these functions through proper treatment may reduce the likelihood of admission to a nursing home.⁹

Management of the caregiver is an important part of treating the patient with dementia. Caregivers, often suffer from depression, increased morbidity, and work conflicts. These negative impacts on caregiver health are common reasons for placement of dementia patients in nursing facilities.¹⁵⁻¹⁹ Two randomized controlled trials have shown that educating caregivers and providing them comprehensive support and counseling may delay institutionalization of patients with dementia, and may enhance the caregivers' quality of life.^{20,21}

Depression is seen frequently among demented patients and exacerbates the degree of cognitive and behavioral impairment among moderately and severely demented individuals.²²⁻²⁵ In one observational study, diagnosis and treatment of depression was associated with a reduction in agitation and both physical and non-physical aggression among demented patients.²⁵

The projected 50 percent growth in the elderly population over the next 30 years will undoubtedly bring with it a significant increase in the number of elders suffering from dementia.²⁶ Optimizing early detection and management may decrease cognitive and functional decline, delay institutionalization, and lead to a higher quality of life.

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